

**Report on the Status of
North Carolina's
Drug Treatment Courts**

(N.C.G.S. §7A-801)



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Submitted to the North Carolina General Assembly

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EXECUTIVE SUMMARY

INTRODUCTION

The North Carolina Drug Treatment Courts (DTC) were established to enhance and monitor the delivery of treatment services to chemically dependent adult offenders while holding those offenders rigorously accountable for complying with their court-ordered treatment plans. In 2001, the General Assembly formally authorized expansion of the DTCs to include substance abusing juvenile offenders and chemically dependent parents of neglected or abused children. The overall goal of the DTC is to significantly break the cycle of addiction that gives rise to repeated law-breaking episodes. By enhancing the likelihood that the drug-driven offender will remain drug and crime free and socially responsible, the DTC seeks to reduce justice system, health system, and other societal costs associated with continuing drug use and criminal involvement.

PURPOSE OF THE REPORT

This Executive Summary of the *Annual Report on the Status of North Carolina's Drug Treatment Courts (DTC)* offers an update on the status of the North Carolina DTCs through 2004. It includes the overall DTC goals, a list of court highlights for 2004, a summary listing of the current local DTCs, a roster of the State DTC Advisory Committee members and Subcommittees, and aggregate data from local DTCs that were operational in 2004. The data includes the total number of new admissions, participants served, graduates and terminations, along with retention rates and graduation rates.

DTC GOALS

The goals of the DTC include the following:

1. To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;
2. To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;
3. To reduce the alcohol-related and other drug-related court workload;
4. To increase the personal, familial, and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both; and
5. To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.

HIGHLIGHTS OF THE NC DTCs DURING CY 2004Adult

- Adult DTCs served 1,002 participants during 2004, an increase of 7% from 2003.
- DTC web-based Management Information System (MIS) was completed in August 2004.
- Mecklenberg received a NC Governor's Highway safety grant to help support the operation of both District DWI courts.
- The DTC team from Judicial District 24 (Watauga/Avery Counties) completed three planning seminars sponsored by the National Drug Court Institute on how to effectively implement an Adult DTC. The team has applied for a 2005/2006 Governor's Crime Commission grant to begin the court in July 2005.
- Governor's Crime Commission Statewide DTC Enhancement grant awarded July 1, 2004.
- The National Drug Court Institute partnered with the NC DTC state office in September 2004 to provide a 2.5 day training conference for 220 attendees entitled "Sustaining Drug Treatment Courts: Applying What We Know to What We Do".
- Five Adult DTCs were selected to participate in a national outcome study conducted by the Urban Institute in partnership with Research Triangle Institute and the Center for Court Innovation. Those courts include a superior and two district courts from Judicial District 26 (Mecklenburg), one district court from Judicial District 21 (Forsyth), and one district court from Judicial District 18 (Guilford).
- The Mecklenburg DWI Treatment Court was selected as Model Court by the NDCI and hosted six teams from around the country in March 2004. This court has been asked to host another group of teams from across the country in 2005.

Youth/Juvenile

- Youth DTCs served 152 participants during 2004, an increase of over 25% from 2003.
- Wake Juvenile Drug Treatment Court continues to operate on no direct funding. The court has significantly altered their operations to include the use of multi-systemic therapy with their high-risk participants.
- The Mecklenburg YTC continues to work with youth and families, involved in the juvenile justice system with complex treatment needs, by implementing and enforcing the holistic case plans developed in Child and Family Team meetings.
- The Durham YTC received an award from Durham County for its excellent work with youth and families served by the YTC.
- Durham and Forsyth YTCs have expanded the resources available to serve their clients.
- The YTC MIS project was completed in late 2004. Data from July 1, 2003 to the present is included in the MIS.
- The state DTC office contracted with Innovation, Research and Training, Inc. and its president, Dr. Janis Kupersmidt, to conduct preliminary work related to completing a cross-site YTC/JDTC outcome evaluation.
- The five YTCs will participate in a scientifically rigorous outcome evaluation of their effectiveness in 2005 – 2007. The results of the evaluation will be nationally significant as there have been almost no scientific outcome evaluations conducted on this population.

Family

- Five new jurisdictions will become FDTCs in 2005: Halifax County (District 6A), Wayne County (District 8), Cumberland County (District 12), Orange County (District 15B) and Buncombe County (District 28).
- Two new jurisdictions plan to become FDTCs during 2005. Gaston County (District 27A) and Union County (District 20B) will both participate in the federally sponsored FDTC Drug Court Planning Initiative.
- Family DTCs served 65 participants during 2004, an increase of 41% from 2003.
- During 2004, 20 children have been reunified with their parents.
- Mecklenburg Family DTC, called Mecklenburg F.I.R.S.T. (Families in Recovery Stay Together), continues to serve as a national Drug Court Planning Initiative (DCPI) Host Site. In 2004, the FIRST Program hosted twelve teams, six in April and six in September. And, in 2005, the FIRST Program will host more teams in May.
- Durham FTC was chosen as a national DCPI host site for 2005.
- The state DTC office received a State Justice Institute and Bureau of Justice Assistance grants that will support FTC operations including development of a MIS designed to capture information and generate reports specific to FTC.
- Kirstin Frescoln, Youth and Family Treatment Court Specialist, continues to serve as faculty for the National Drug Court Institute in the FDTC Drug Court Planning Initiative, in the Discipline Specific Coordinator's Training and for national conferences.

Mental Health

- Orange County's Community Resource Court (mental health treatment court) is part of two National Evaluation projects.
- The General Assembly has expressed an interest in expanding mental health treatment courts, providing funding to evaluate the feasibility of expanding the courts and directing that pilot courts be started in Mecklenburg and Buncombe counties.
- Mecklenburg began pilot operation of a mental health treatment court as an extension of a district court DTC.

THE NC STATE DRUG TREATMENT COURT ADVISORY COMMITTEE

The North Carolina Drug Treatment Court Advisory Committee is “established to develop and recommend to the Director of the AOC guidelines for the DTC and to monitor local courts wherever they are implemented.” N.C. Gen. Stat. §7A-795. In May 2001, the Advisory Committee adopted formal Guidelines for the operation of the DTCs. In December 2004, Gregg Stahl, Senior Deputy Director of the AOC, stepped down as the chair and a new chair will be appointed by the Director of the AOC.

State Drug Treatment Court Advisory Committee Membership List Effective January 2005

Chair

To Be Named

Members

Theodis Beck, Secretary
Department of Correction

Ginny Hevener
Senior Research and Policy Associate
NC Sentencing & Policy Advisory
Commission

Martha Sullivan, Administrator,
Substance Abuse Screening and
Intervention Program

Sonya Brown, Team Leader - Justice
Systems Innovations
Div. of DMH/DD/SAS
Dept. of Health and Human Services

Burley Mitchell, Esq.
Womble Carlysle

George Sweat, Secretary
Dept. of Juvenile Justice & Delinquency
Prev.

The Honorable Jane P. Gray
District Court Judge
Wake County

The Honorable Marcia Morey
District Court Judge
Durham County

The Honorable Ralph A. Walker,
Director, Administrative Office of the
Courts

Robert Guy, Director
Division of Community Corrections

The Honorable William M. Neely
Chief District Court Judge
Randolph County

Bob Ward, Assistant Public Defender
Office of the Public Defender
Mecklenburg County

Donn Hargrove, Asst. Secretary
Dept. of Juvenile Justice & Delinquency
Prev.

The Honorable Russell G. Sherrill, III
Emergency District Court Judge

Steve Ward
Assistant District Attorney
Mecklenburg County

Chuck Harris, Deputy Director
Durham County Department of Social
Services

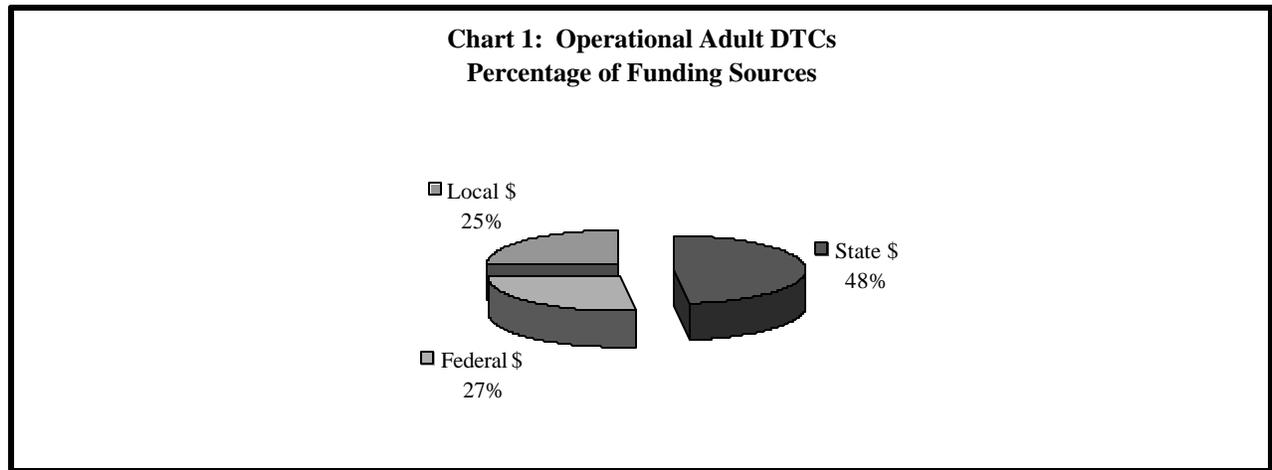
Florence Stein, Chief - Community
Policy Management
Div. of DMH/DD/SAS
Dept. of Health and Human Services

The Advisory Committee meets three times per year and has developed the following standing subcommittees to handle business on an ongoing basis:

- Juvenile and Family DTC Subcommittee
- Guidelines and Administration Subcommittee
- DTC Planning and Implementation Site Selection Subcommittee
- DTC Education and Training Subcommittee.

Funding

The NC General Assembly appropriated funds to establish a pilot DTC Program in 1995. In 1998 the General Assembly removed the word pilot and appropriated recurring funds to operate Adult DTCs in seven Judicial Districts (5, 9, 9A, 10, 14, 21, and 26). Originally, the state appropriation was the sole source of funding for the operation of the DTCs. Federal grants supported statewide enhancements to DTCs like the development of the management information system and the statewide outcome evaluation, but they did not support the basic operational costs of any of the DTCs. In the last three years the funding for the DTCs has changed dramatically. In order to avoid suspending the operation of successful DTCs, the AOC aggressively pursued federal grants to support much of the treatment and training costs for these courts. These grants will expire in 2005.



The DTCs have been so effective and successful it has been difficult for the AOC to slow down their expansion in spite of the recent budget deficits. There are currently 31 courts in 17 Judicial Districts that are either operational or planning to begin operations in 2005 (18 adult with 1 planning to start in July 2005, 4 family with 3 planning to start in July 2005, and 5 youth treatment courts). All of the new DTCs scheduled to implement this year plan to do so with the support of grant funds that are expect to be awarded after March 1, 2005. The five new family courts additionally hope to work with DHHS to secure dedicated treatment funding. In 2004, the General Assembly directed the AOC to develop a plan for the sustainability and expansion of treatment courts. The executive summary of that report is included here. It includes proposed changes and additional funding streams to support the courts.

Drug Treatment Court Sustainability Summary

In 1995, when the General Assembly passed the state's first drug court legislation the General Assembly recognized "that a critical need exists in this State for judicial programs that will reduce the incidence of alcohol and other drug abuse or dependence and crimes, delinquent acts, and child abuse and neglect committed as a result of alcohol and other drug abuse or dependence, and child abuse and neglect where alcohol and other drug abuse or dependence are significant factors in the child abuse and neglect." That same critical need still exists but the treatment courts are endangered because they lack stable funding.

In recognition of that fact, the General Assembly directed the Administrative Office of the Courts (AOC) to develop and submit a sustainability and expansion plan for all operational treatment courts in North Carolina.

Sustainability Plan

The Sustainability Plan for North Carolina's Treatment Courts is predicated upon several primary concepts.

1. Treatment courts provide the structure and accountability necessary to maximize the interventions of treatment, case management and supervision to achieve real and lasting change in the high-risk and high-need populations of District and Superior Criminal Court offenders, Juvenile Delinquency Court and parent respondents in Juvenile Abuse, Neglect and Dependency Court.
2. A state-level set of Standard Operating Procedures (SOP) must be in place that is reflective of statutory authority and state agency responsibilities. This SOP would clarify which roles, tasks and service needs associated with treatment courts might be met through existing resources thus reducing duplicative services and increasing the availability of funds to meet those tasks and service needs not met through existing resources.
3. Each local jurisdiction must develop its own local Memorandum Of Understanding (MOU) that is reflective of the SOP. The local MOU details how each role, task and service need associated with treatment courts can actually be met in the local community with existing local resources. The local MOU will also recognize when a particular role, task or service need must be met through the provision of new or additional funds.
4. The intention of both the SOP and local MOU is to work toward ensuring treatment courts are operated in a manner that produces the best outcomes for treatment court participants while remaining cost efficient and cognizant of resource utilization, statutory authority and obligations.
5. Whenever the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDASAS) "target populations" parallels the target population served by treatment courts, those funds/treatment services should be prioritized to serve treatment court participants. Research indicates that high-need community offenders are much more likely to succeed within the environment of additional supervision and support provided by the treatment court, it's judge and team, thus providing a greater return on the investment of treatment services.
6. Program funding for the highest-risk, highest-need offenders must be increased in an effort to divert costs associated with prison, termination of parental rights resulting in long-term foster care costs, costly hospitalization, and recurring criminal activity.
7. New funds must be raised to support the above costs. The money raised should be tied to the population to be treated but the costs should be spread across a broader spectrum of the population through an increase in state revenues. These could include:
 - Reprioritization or redirection of funds to preventions such as "evidence-based"¹ treatment and quality case management services; and
 - Increasing the availability of court fees or other General Fund monies for use by the AOC

¹ Evidence-based refers to the use of practices and protocols that have been scientifically evaluated and found to be effective and appropriate for the population receiving the service.

8. New treatment funds should be specifically designated for offenders and parent respondents monitored by a Treatment Court. This would ensure that funds “follow the offender” and thus allow for better targeting of the funds and measurement of specific outcomes.
9. The SOP and local MOU should also define which individuals or groups of individuals should be targeted for assignment to a particular treatment court (adult, youth or family) and describe the process and procedure for how those individuals will be identified, screened and sentenced to the court. Reworking how this is currently done could lead to efficiencies in both efforts and results.
10. State and local stakeholders must work together to improve the quality and timeliness of initial and on-going assessments. This will only be achieved through a concerted shared effort across all state and local agencies working with individuals with complex treatment needs.
11. Increasing flexible state funding for safe and sober housing options dedicated to treatment court populations will significantly improve all interventions provided to this population.
12. DCC and DJJDP should maintain primary responsibility for all drug and alcohol testing of adult and juvenile probation treatment court participants. FTC participants are tested for drugs/alcohol through a cooperative agreement between local DSS, Health Departments, treatment providers and the courts.
13. It is essential that the treatment court team be able to respond quickly and effectively to a participant’s behavior – both good and bad – so that the participant can modify his/her behavior accordingly.
14. Each state agency must work aggressively and diligently toward development of shared releases, assessments, data collection, and outcomes. State-level agencies must work to standardize data points. Data collection could be streamlined by assigning one person in each district to enter and manage the data and data sharing could be accomplished through an MOU and required reporting to the General Assembly about shared outcomes.
15. State and local stakeholders must establish a set of shared outcomes and report on the operation of the treatment courts and the resource allocations to these courts on a yearly and on-going basis. The AOC will require additional funds to accomplish on-going research and evaluation tasks.
16. As the “hub” or “mechanism” that brings together the many agencies, staff and services that support treatment court participants, treatment courts require a great deal of coordination and communication between the professionals serving the individual(s) or family(ies). State and local treatment court practitioners suggested a variety of interventions to improve this process.
17. Funds must also be set aside to further develop and implement effective, in-state training curricula and continuing technical assistance to communities planning to implement a treatment court and to those that have operational courts to ensure that they continue to operate in a manner consistent with evidence-based “best practice.”
18. Treatment Court state staff must be increased to meet the workload associated with supporting the existing and expansion courts. Like the courts themselves, Treatment Court state staff has been funded through a combination of state and grant funds and like the courts, those grant funds end this year.
19. Finally, the AOC should request a change in the Drug Treatment Court statute (SUBCHAPTER XIV. DRUG TREATMENT COURTS. Article 62. North Carolina Drug Treatment Court Act. § 7A-790). The statute currently requires the AOC Drug Treatment Court office to “grant” funds provided in the act to the courts on an annual basis. This “granting” process undermines the court’s ability to remain “sustainable.” We recommend that the granting process be removed from the act and that an appropriation be granted within the continuation budget that will sufficiently sustain the courts permitting them to focus on the work of supporting and sustaining recovery for treatment court participants rather than focusing on the work of supporting and sustaining the courts themselves.

Expansion Plan

The expansion plan for treatment courts proposes to implement a treatment court in every jurisdiction that demonstrates both the need and the desire to implement a court, by 2010. There are currently 32 operational and/or planning treatment courts located in 17 districts in North Carolina. It is the goal of the AOC to make treatment courts available to all 39 districts within the next five years. This ambitious plan would anticipate the NC AOC and the Drug Treatment Court Advisory Committee working with approximately five districts every year.

These courts may include:

- Superior Criminal Treatment Courts
- District Criminal Treatment Courts (may include drug courts or DWI courts)
- Youth Treatment Courts (juvenile delinquency courts to encompass substance abuse, mental health and family supports and interventions)
- Family Treatment Courts (Juvenile Abuse, Neglect and Dependency courts to encompass substance abuse, mental health, parenting, children's services, family supports and interventions)

The District must demonstrate a need and desire for the particular type of court through:

- A demonstrated historic and on-going risk population to be served by the proposed court.
- A local agreement signed by all local stakeholders (dependant on the type of court proposed) that there is both the need and desire to serve the risk population through implementation of a treatment court.
- Participation by all local stakeholders in a structured education and planning process.
- Application to the NC AOC and the Drug Treatment Court Advisory Committee for implementation of the treatment court.

Funding will be provided to those courts and communities most likely to succeed. This determination will be based upon evidence of strong collaboration, access to effective treatment and a commitment to ongoing training and DTC Advisory Committee oversight.

ANNUAL REPORT ON THE STATUS OF NORTH CAROLINA'S DRUG TREATMENT COURTS

Operational DTCs

Listed below is a table of all operational DTCs including adult, youth, and family courts by jurisdiction.

N.C. Operational Drug Treatment Courts			
Drug Treatment Court	Presiding Judge(s)	Type of Court	Court Implementation Date
Avery/Watauga County Judicial District 24	Alexander Lyerly Chief District Court Judge	Post-Sentence Adult DTC	Summer, 2005
Buncombe County Judicial District 28	Ronald K. Payne Superior Court Judge	Post-sentence Adult DTC	December, 2000
	Patricia Kaufmann Young District Court Judge	Family DTC	Spring, 2005
Catawba County Judicial District 25	Burford A. Cherry District Court Judge	Post-sentence Adult DTC/DWI Treatment Court	May, 2001
Craven/Carteret Counties Judicial District 3B	James E. Ragan, III Emergency Superior Court Judge	Post-sentence Adult DTC	December, 2000/ October 2003
Cumberland County Judicial District 12	Kimbrell Tucker District Court Judge	Post-plea, pre-sentence, deferred prosecution Adult DTC	January, 2005
	Edward A. Pone District Court Judge	Family DTC	February, 2005
Durham County Judicial District 14	Richard G. Chaney District Court Judge	Post-sentence Adult DTC	November, 1999
	Marcia H. Morey & James T. Hill District Court Judge	Post-adjudication Youth DTC	November, 2000
	Elaine Bushfan Chief District Court Judge	Family DTC	May, 2002
Forsyth County Judicial District 21	Lisa V. Menefee District Court Judge	Pre-plea and post-sentence Adult DTC	June, 1996
	William B. Reingold Chief District Court Judge	Post-adjudication Youth DTC	January, 2003
Guilford County Judicial District 18	Susan R. Burch District Court Judges	Pre-plea Adult DTC	December, 2002
Halifax County Judicial District 6A	H. Paul McCoy Chief District Court Judge	Family DTC	Spring, 2005
Continued on next page			

N.C. Operational Drug Treatment Courts continued			
Drug Treatment Court	Presiding Judge(s)	Type of Court	Court Implementation Date
Mecklenburg County Judicial District 26	Fritz Y. Mercer, Jr. Chief District Court Judge	Pre-plea and Post-sentence Adult DTC	February, 1995
	Hugh B. Lewis District Court Judge	Pre-plea and Post-sentence Adult DTC	March, 1996
	W. Robert Bell Superior Court Judge	Post-sentence Adult DTC	July, 1998
	Philip F. Howerton, Jr. District Court Judge	Post-sentence Adult DWI Treatment Court	March, 2000
		Post-sentence Adult DWI Treatment Court	April, 2002
	Avril U. Sisk & Regan A. Miller District Court Judge	Family DTC	December, 1999
Louis A. Trosch District Court Judge	Post-adjudication Youth DTC	January, 2003	
New Hanover County Judicial District 5	James H. Faison, III District Court Judge	Post-sentence Adult DTC	May 1997
Orange County Judicial District 15B	Joseph M. Buckner Chief District Court Judge	Post-sentence Adult DTC	August, 2002
		Post-sentence Mental Health DTC	
		Family DTC	February, 2005
Person & Caswell Counties Judicial District 9A	Mark E. Galloway Chief District Court Judge	Pre-plea & Post-sentence Adult DTC	July, 1996
Randolph County Judicial District 19B	William M. Neely Chief District Court Judge	Post-sentence Adult DTC	March, 2002
Rowan County Judicial District 19C	Charles E. Brown Chief District Court Judge	Post-adjudication Youth DTC	May, 2002
Wake County Judicial District 10	James R. Fullwood District Court Judge	Post-sentence Adult DTC	May, 1996
	Robert B. Rader District Court Judge	Post-adjudication Youth DTC	October, 1998
Wayne County Judicial District 8	Rose Vaughn Williams District Court Judge	Family DTC	Spring, 2005

Status of NC DTCs – Summary of Key Data

The table below summarizes the number of new admissions as well as the number of graduates, terminations, and participants served for the Adult, Family, and Youth DTCs in 2004.

Summary of DTC Participants by Court Type in CY 2004			
	Adult^a	Youth^b	Family^c
New Admissions	591	108	49
Active Participants at the End of CY	479	73	27
Graduations	181	23	11
Terminations	342	60	27
Total Served [= Active Participants + Graduations + Terminations]	1002	156	65
Retention Rates [= Active Participants + Graduations ÷ Total Served]	66%	62%	58%
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	35%	28%	29%
^a Data is included for operational adult DTCs (Buncombe, Carteret, Catawba, Craven, Durham, Forsyth, Guilford, Mecklenburg, New Hanover, Orange, Person/Caswell, Randolph, and Wake Counties). ^b Data is included for operational YTCs (Durham, Forsyth, Mecklenburg, Rowan and Wake Counties). ^c Data is included for operational Family DTCs (Durham and Mecklenburg Counties).			

Total served has increased from 939 in CY 2003 to 1002 in the adult DTCs. During 2004, the total number of youth served increased from 140 to 156. For Family DTCs, the total number of participants served increased from 46 to 65.

Retention rates have remained steady in the adult DTCs at 66%. The overall retention rate for adult courts has remained rather steady over the past three years, fluctuating between 64% and 69%. (The retention rate is derived from the number of active participants and graduates during the year divided by the total number of participants served during the year.) The YTCs have decreased retention rate in 2004, from 71% to 62%, while the Family DTCs decreased from 71% to a 58% retention rate. The change in retention rates for both the youth and family programs can be attributed to changes in court operations in both courts. Mecklenburg FIRST began admitting all parent respondents who were determined to have an alcohol or drug addiction and Wake Juvenile Drug Court underwent a major shift in court administration, operation and admission policies. We expect both youth and family treatment courts to stabilize in the coming year.

Graduation rates for adult DTCs are 35%. The graduation rate is most noteworthy because many of our treatment contractors and national experts had advised that it would be exceptional for any court to reach a 30% graduation rate milestone given the truly chemically dependent target population. Graduation rates for the Youth and Family DTCs, 28% and 29% respectively. These graduation rates are extremely successful considering the population these courts serve and the newness of the courts.

Statewide Treatment Court Process Evaluation

On September 27, 2004, the DTC State Office developed a request for proposals (RFP) to choose an evaluator(s) to conduct 18 process evaluations that spanned adult, juvenile, family and mental health treatment courts. The RFP requested separate proposals for each of the 18 evaluations in an attempt to encourage local universities and others to work on individual court projects. Required qualifications were: expertise in court procedures, mental health and substance abuse treatment, adult criminal, juvenile delinquency and abuse and neglect court populations and experience in both

quantitative and qualitative evaluation. Also required was submission of work samples of previous evaluations. On December 30, 2004 Innovation, Research, and Training (IRT) owned and operated by Dr. Janis Kupersmidt out of Durham, NC was awarded a contract to complete 16 process evaluations (see Table 1)². Current funds available for evaluation did not cover the cost of completing all 18 evaluations in this fiscal year.

Table 1: 2005 Process Evaluations

Type of Court County (Judicial District)	Time Period ^a			
	Jan-February	March-April	May-June	July-August
Adult Drug Treatment Courts				
Durham (14)			**	
Forsyth (21)				**
Guilford (18)			**	
Mecklenburg (26)			** ^b	** ^c ** ^d
New Hanover (5)		**		
Person/Caswell (9A)	**			
Wake (10)		**		
Youth Treatment Courts				
Durham (14)	**			
Mecklenburg (26)			**	
Rowan (19C)		**		
Wake (10)	*	*	*	**
Family Dependency Treatment Courts				
Mecklenburg (26)	**			
Durham (14)		**		
Mental Health Treatment Court				
Orange (15B)	** ^e			

^a Subject to minor modifications.
^b One process evaluation on Districts #1 and #2 Adult Treatment Courts
^c DWI court
^d Superior Adult Drug Treatment Court
^e To include monthly progress reports in addition to the process evaluation (to evaluate the effectiveness of the court with no court-based staff assigned)
^f To include interviews and review of paper documents from **Buncombe (28)** and **Mecklenburg (26)**

A process evaluation is like a basic physical. The process evaluators' job is to record and reflect how the treatment court is operating today. To do this, the lead evaluators from iRT meet with the treatment courts coordinator/director, the team, local stakeholders, and active, graduated, and terminated participants and conduct interviews and focus groups to ascertain perceptions regarding the functioning of the court. The evaluators also work with the DTC State Office to "pull" data from the MIS. This data permits the evaluators to determine how many people are served and describe what they look like – gender, race, age, drug of choice and criminal profile. The data will also demonstrate what kinds of services have been provided and the amounts of services provided. Finally, the evaluators read all policy and procedure manuals, grant applications and participant handbooks to help determine if the court is operating the same or differently from how it was intended. The evaluators work collaboratively with treatment court team members to understand questions or concerns to explore through the research and answer by the evaluation. Within two months, the evaluators produce

² For a copy of the IRT proposal, contact the State DTC Office at 919-420-7972.

a written report chronicling their findings and present these in a power point presentation to the treatment court team.

A process evaluation is very different from an outcome evaluation. It is not intended to draw conclusions about the effectiveness of the court. There are no judgments involved in a process evaluation. Rather, a process evaluation really is meant to be a yearly check-up. How are we doing? What are we doing? What do people perceive we are doing? Process evaluations are meant to generate reflection and discussion amongst team members and serve as a basis for making decisions about the continuing operation of your court. What are we doing well and what can we improve?

Treatment courts are at an important crossroads in our state. Treatment courts have clearly moved beyond the "pilot" stage of operation and are moving into a place of institutionalization. These evaluations should help in that process. These evaluations will help determine what elements make treatment courts successful for future implementation.

NEW DTC RESEARCH

Evaluation results from across the country continue to support the fact that DTCs not only significantly reduce recidivism, but also are cost effective. Most cost benefit/cost effective analyses conclude that drug treatment courts save \$7 to \$10 in system costs for every dollar spent. System costs include criminal investigations, medical attention for victims, medical costs for drug-addicted babies, welfare costs, lost tax revenue from non-employment or non-reported income by drug users, emergency room visits, property insurance costs, prosecutions, pretrial detentions, pretrial hearings, trials (including costs associated with law enforcement witnesses' time away from regular duty, witness and jury costs, appointed counsel and court reporter costs, and costs for bailiffs, clerks, victim assistance coordinators, and other court personnel), prison bed space, and other system-related resources.

A recent national study supported by the National Institute of Justice reported that only 16.4% of 17,000 DTC graduates had been rearrested and charged with a felony offense (Roman, Townsend, & Bhati, 2003).

New York State analyzed the re-conviction rate among drug court defendants. The study found a 29% lower recidivism rate for drug court participants compared to those who did not enter the drug court (Rempel, et al, 2003).

Nationally, DTCs report retention rates between 67-71%. In North Carolina the retention rate for the Adult DTCs in 2003 was 69% and in 2004 it was 66%.

New MHTC Research

According to the Bureau of Justice Assistance, little empirical evidence exists about the effectiveness of mental health courts. Nonetheless, the following sample of research is relevant to the understanding of MHTCs in North Carolina.

In 2000, Goldkamp examined four of the first MHTCs (in Alaska, Florida, Washington, and California). They originated from deinstitutionalization, the drug epidemic of the 1980s and 1990s, increased homelessness, and jail overcrowding. His study raised the following concerns:

1. There are no quick and effective screening methods for identifying candidates;
2. Voluntary participation is complicated by participants' mental capacity;
3. MHTCs cannot say "be cured" within a year or two; and
4. The use of sanctions and incentives is not as well justified nor understood.

He concludes that close attention and supervision offered by MHTCs makes them quite promising in dealing with a population least suited for only punishment in jail or prison.

Implementation of Automated DTC Management Information System**Why do we need an Internet-based Management Information System (MIS)?**

Arguably, computer technology holds offenders to a higher level of accountability, promotes communication between the court and its partners, and makes it easier to evaluate results. Our current Internet-based systems capture the results of alcohol and other drug testing and treatment attendance as well as case notes and case management plans. It tracks the sanctions and rewards of the participant and provides an historical record to reduce confusion regarding orders from previous court sessions. As an Internet-based system, all members of the team can quickly input and retrieve real-time information about each referral. This helps the Judge, the team, and the AOC make more informed decisions and raises the court's credibility with its partners, offenders, and the community. Informative participation and outcome reports can be easily generated to evaluate the effectiveness of Drug Treatment Courts (DTC). This is crucial to continually improve the overall system by making it easier to identify what is working and what is not.

Data backup & recovery methods are centralized, eliminating the need to spend state travel dollars to update MIS enhancements. Automated data backups are performed on a daily basis. Another nice feature of this new system is its ability to encrypt information sent over the Internet. This ensures that all information sent and received will remain confidential, no matter the location used to connect to the Internet.

What efforts are being made to reduce duplication in data entry?

These information systems are designed to accommodate any number of end users at each local jurisdiction. The system requires information from the entire DTC team; but the case coordinator and/or director will be responsible for coordinating, gathering, inputting, and disseminating information about the participants and the program. To reduce duplication of data entry, efforts have been made locally to distribute approximately 10% of the data entry work to the probation officer and treatment providers. Statewide efforts to reduce duplicate data entry include a plan to transfer data from two different Department of Corrections (DOC) systems: the Offender Population Unified System (OPUS) and the DCC Drug Lab Information Management System. These statewide efforts will involve the coordination of the Administrative Office of the Courts, the Department of Corrections (DOC), and the Office of Information Technology Services (ITS). One of the three necessary protocols has already been developed to allow for this data transfer. This transfer of data will be a fairly complicated task since the DOC and DTC Office store their data on entirely different information systems; however, the project is planned for completion in the summer of 2005.

DTC TRAINING

Statewide training for all DTCs over the past three years was totally subsidized by grants from the Bureau of Justice Assistance (BJA) and the Governor's Crime Commission. These grants enabled the AOC to hire a training specialist in 2003 and also to provide the following training opportunities to DTC teams:

- November 17,18,19, 2004 – Two hundred and twenty team members attended a 2.5 day training conference in Raleigh entitled “Sustaining Drug Treatment Courts: Applying What We Know to What We Do”.
- Five judges attended the National Judicial College in Reno specifically to learn more about “Practical Approaches to Substance Abuse Issues in the Courts”.
- 11 DTC core team members from the local courts attended role specific training provided by the National Drug Court Institute.

- 27 DTC team members attended the National DTC Training Conference in Milwaukee. Seven attendees presented at that conference and were granted scholarships to attend.
- Several local team members serve as National Faculty for the NDCI Comprehensive DTC Practitioner Training Series funded by the BJA and the US Department of Justice.

INTRODUCTION

The North Carolina Drug Treatment Courts (DTC) were established to enhance and monitor the delivery of treatment services to chemically dependent adult offenders while holding those offenders rigorously accountable for complying with their court-ordered treatment plans. In 2001, the General Assembly formally authorized expansion of the DTC target population to include substance abusing juvenile offenders and chemically dependent parents of neglected or abused children. The overall goal of the DTC is to significantly break the cycle of addiction that gives rise to repeated law-breaking episodes. By enhancing the likelihood that the drug-driven offender will remain drug and crime free and socially responsible, the DTC seeks to reduce justice system, health system, and other societal costs associated with continuing drug use and criminal involvement.

The North Carolina DTCs were legislatively created in 1995. See Appendix A for DTC legislation. The first DTCs were implemented during 1996. By February 2005, there were 27 local DTCs operating in 14 judicial districts (3B, 5, 9A, 10, 12, 14, 15B, 18, 19B, 19C, 21, 25, 26 and 28). Additionally, three more districts (24, 6A, and 8) plan to begin operations by July 1, 2005. See Table 2.

The 2004 *Annual Report on the Status of North Carolina's Drug Treatment Court (DTC)* is tailored to report activities that have occurred through calendar year 2004; however, funding information will be reported for fiscal year 2004-05. The report is divided into five sections: Adult (criminal jurisdiction) Drug Treatment Courts, Youth Treatment Courts, Family Dependency Treatment Courts, Mental Health Treatment Courts, and Drug Treatment Court Administration. These sections provide information on background, goals, court operations, funding, evaluation, and programmatic highlights.

ADULT DRUG TREATMENT COURTS

ADULT DTC BACKGROUND

In 1994, former North Carolina Supreme Court Chief Justice James Exum convened the Substance Abuse and the Courts State Task Force to address the impact substance-abusing offenders have on the court system and the state. The Task Force developed the Substance Abuse and the Courts Action Plan to provide suggestions for increasing collaboration between court officials and substance abuse professionals and to supply a detailed strategy to address how the court system should handle substance-abusing offenders. The Task Force identified the drug treatment court model as a possible mechanism for implementing some of their recommendations. (AOC Report, 1998)

In 1996 five pilot adult DTCs located in Warren, Person/Caswell, Wake, Forsyth, and Mecklenburg Counties were funded and implemented under the authorization of the Administrative Office of the Courts (AOC) based on legislation enacted by the 1995 North Carolina General Assembly. A request for proposals was sent to all district attorneys, judges, and trial court administrators across the state. The 1998 NC General Assembly enacted legislation that permanently established the drug treatment courts.

ADULT DTC GOALS

The legislation states that the goals of the adult DTC are:

1. To reduce alcoholism and other drug dependencies among offenders;
2. To reduce recidivism;
3. To reduce the drug-related court workload;
4. To increase the personal, familial, and societal accountability of offenders; and
5. To promote effective interaction and use of resources among criminal justice personnel.

ADULT DTC COURT OPERATIONS

At the end of 2004, 12 judicial districts operated 17 adult DTCs located in Buncombe, Carteret, Catawba, Craven, Durham, Forsyth, Guilford, Mecklenburg, New Hanover, Orange, Person/Caswell, Randolph, and Wake Counties. Two judicial districts, Avery/Watauga and Cumberland Counties, will begin Adult DTC operations in 2005. Table 2 provides a list of operational adult DTCs by judicial district and court implementation date with the presiding DTC judge(s) and the type of court (pre-plea and/or post-sentence) listed.

**Table 2: N.C. Operational Adult Drug Treatment Courts
(criminal jurisdiction only)**

Drug Treatment Court	Presiding Judge(s)	Type of Court	Court Implementation Date
Judicial District 24 Avery/Watauga County	Alexander Lyerly Chief District Court Judge	Post-Sentence DTC	Summer, 2005
Judicial District 28 Buncombe County	Ronald K. Payne Superior Court Judge	Post-sentence DTC	December 1, 2000
Judicial District 3B Carteret County	James E. Ragan, III Emergency Superior Court Judge	Post-sentence DTC	October 2003
Judicial District 25 Catawba County	Burford A. Cherry District Court Judge	Post-sentence DTC/DWI Treatment Court	May 31, 2001
Judicial District 3B Craven County	James E. Ragan, III Emergency Superior Court Judge	Post-sentence DTC	December 2000
Judicial District 12 Cumberland County	Kimbrell Tucker District Court Judge	Post-plea, pre-sentence, deferred prosecution DTC	January, 2005
Judicial District 14 Durham County	Richard G. Chaney District Court Judge	Post-sentence DTC	November 12, 1999
Judicial District 21 Forsyth County	Lisa V. Menefee District Court Judge	Pre-plea and post-sentence DTC	June 14, 1996
Judicial District 18 Guilford County	Susan R. Burch District Court Judges	Pre-plea DTC	December 18, 2002
Judicial District 26 Mecklenburg County	Fritz Y. Mercer, Jr. Chief District Court Judge	Pre-plea and Post-sentence DTC	February 9, 1995
	Hugh B. Lewis District Court Judge	Pre-plea and Post-sentence DTC	March 27, 1996
	W. Robert Bell Superior Court Judge	Post-sentence DTC	July 10, 1998
	Philip F. Howerton, Jr. District Court Judge	Post-sentence DWI Treatment Court	March 30, 2000
Post-sentence DWI Treatment Court		April 25, 2002	
Judicial District 5 New Hanover County	James H. Faison, III District Court Judge	Post-sentence DTC	May 1997
Judicial District 15B Orange County	Joseph M. Buckner Chief District Court Judge	Post-sentence DTC	August 1, 2002
Judicial District 9A Person and Caswell Counties	Mark E. Galloway Chief District Court Judge	Pre-plea and Post-sentence DTC	July 1, 1996
Judicial District 19B Randolph County	William M. Neely Chief District Court Judge	Post-sentence DTC	March 26, 2002
Judicial District 10 Wake County	James R. Fullwood District Court Judge	Post-sentence DTC	May 24, 1996

Defendants are screened for eligibility within 24 hours of referral. Each referral is assessed for legal eligibility (usually H and I felonies on the Structured Sentencing Grid) and chemical dependency based upon the Substance Abuse Subtle Screening Inventory III, a standardized assessment instrument. **All adult DTCs limit eligibility to those individuals addicted to alcohol and/or other drugs.**

All DTC participants appear before a specially trained judge at, typically, biweekly status hearings for approximately one year. Prior to the status hearing, the DTC core team (i.e., judge, district attorney, defense attorney, treatment provider, case manager, law enforcement liaison, and probation officer) meets to review each participant's drug test results, treatment attendance,

behavior in the community, and treatment plan progress since the last status hearing. The core team makes recommendations concerning the imposition of appropriate sanctions and rewards. At the status hearing, the judge engages each participant in an open dialogue concerning his/her progress or lack thereof and, if appropriate, imposes rewards or sanctions designed to further stimulate the participant's movement through the treatment process.

To graduate from DTC, the participant must successfully complete all required clinical treatment, receive clean drug tests during the prior 3 to 6 months (varies by local court), be employed and paying regularly towards his/her legal obligations (e.g., child support, restitution), have no new criminal behavior while in the DTC, and be nominated for graduation by the DTC team.

Highlights of the Adult DTCs during CY 2004

Adult

- Adult DTCs served 1,002 participants during 2004, an increase of 7% from 2003.
- DTC web-based Management Information System (MIS) was completed in August 2004.
- Mecklenburg received a NC Governor's Highway safety grant to help support the operation of both District DWI courts.
- The DTC team from Judicial District 24 (Watauga/Avery Counties) completed three planning seminars sponsored by the National Drug Court Institute on how to effectively implement an Adult DTC. The team has applied for a 2005/2006 Governor's Crime Commission grant to begin the court in July 2005.
- Governor's Crime Commission Statewide DTC Enhancement grant awarded July 1, 2004.
- The National Drug Court Institute partnered with the NC DTC state office in September 2004 to provide a 2.5 day training conference for 220 attendees entitled "Sustaining Drug Treatment Courts: Applying What We Know to What We Do".
- Five Adult DTCs were selected to participate in a national outcome study conducted by the Urban Institute in partnership with Research Triangle Institute and the Center for Court Innovation. Those courts include a superior and two district courts from Judicial District 26 (Mecklenburg), one district court from Judicial District 21 (Forsyth), and one district court from Judicial District 18 (Guilford).
- The Mecklenburg DWI Treatment Court was selected as Model Court by the NDCI and hosted six teams from around the country in March 2004. This court has been asked to host another group of teams from across the country in 2005.

Implementation of Automated Adult DTC Management Information System

In late July, 2003, with the proceeds of a Federal grant (# 2001-DC-BX-0033), the AOC entered into a contract with CMA Technologies, Inc. to convert the old system into an Internet-based system. The DTC Office held a stakeholders meeting to extract opinion on certain matters of the MIS, especially what information should appear in the system's reports.

Once the system was deemed functional, the data from the old Microsoft Access-based system was transferred to the new web-based system. To do this, users of the old system would have to stop inputting data, upload their current data to us, and then wait until the data transfer was completed. Users were without a MIS system for a maximum of 48 hours. Often data migration was done over the weekend, so some counties did not have any down time. The whole data migration process took less than 3 weeks to convert 17 DTC databases in 13 different counties.

Training occurred in two phases. The first phase consisted of training the Case Coordinator and Director from each county. The second phase of trainings was conducted for all the members of the local DTC teams and took a little more than a month. A staff member from the DTC Office was sent to 13 counties to implement each training session. Several MIS resources were placed on the NC DTC intranet site (www.dtcintranet.nccourts.org), where they are easily accessible. Trainings for DTC team members continue to be held onsite, for the convenience of the DTC teams.

Conversion, training, and final delivery of the system were approved in August 2004.

ADULT DTC FUNDING

The NC General Assembly appropriated funds to establish a pilot DTC Program in 1995. In 1998, the General Assembly removed the word pilot and appropriated recurring funds to operate Adult DTCs in seven Judicial Districts (5, 9, 9A, 10, 14, 21, and 26). Originally, the state appropriation was the sole source of funding for the operation of the DTCs. Federal grants supported statewide enhancements to DTCs like the development of the statewide management information system and the statewide outcome evaluation, but they did not support the basic operational costs of any of the DTCs. In the last three years the funding for the DTCs has changed dramatically. In order to avoid suspending the operation of successful DTCs, the AOC aggressively pursued federal grants to support much of the treatment and training costs for these courts. The federal grant supporting the MIS enhancement and statewide training expired in 2004. Additionally, Governor's Crime Commission grants expired in Judicial Districts 28 (Buncombe), and in Judicial District 19B (Randolph) on June 30, 2004. In 2005 federal grants supporting Adult courts in Judicial District 25 (Catawba), Judicial District 18 (Guilford), and Judicial District 15B (Orange) are scheduled to expire. Finally, the 2004 statewide Governor's Crime Commission grant that helps support treatment and housing costs is due to expire on June 30, 2005.

The fiscal situation is particularly hard to reconcile when the national and state evaluations repeatedly support the efficacy of these courts. The national research additionally supports the cost effectiveness of these courts. The latest research is cited in the **New Research** section of this report.

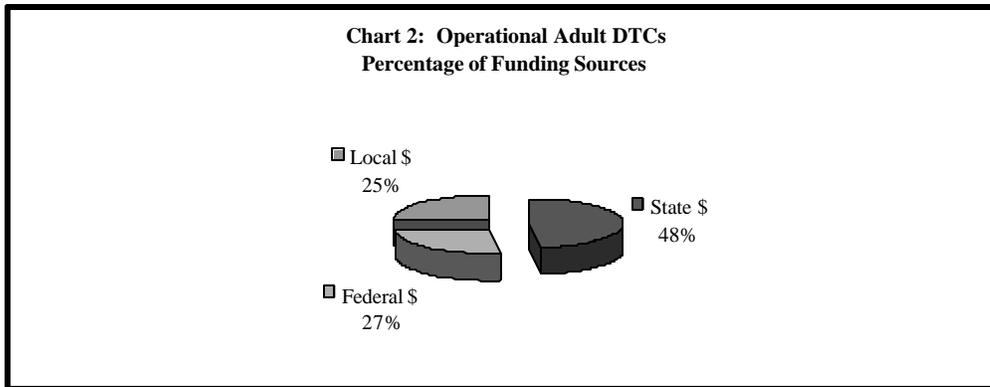
Table 3 provides an overview of the operational adult DTCs Budgets for FY 2004-05. Federal grants from the Governor's Crime Commission (GCC) and the Bureau of Justice Administration (BJA) have supplemented the DTCs. Some local DTCs have received GCC grants when state funds were not available while other DTCs have utilized local resources such as the County Commissioners, ABC Boards, etc. to supplement or operate their courts.

Table 3: Operational Adult Drug Treatment Courts Summary Budgets for FY 2004-05

County (Judicial District)	State \$	Federal \$	Local \$	TOTAL \$
Buncombe (28)	25,000	51,688	25,544	102,232
Catawba (25)	0	50,912	23,446	74,358
Craven/Carteret (3B) ^a	0	0	0	0
Durham (14)	79,043.04	16,956.96	0	96,000
Forsyth (21)	86,000	9,000	0	95,000
Guilford (18)	0	178,806	0	178,806
Mecklenburg (21)	528,054.88	72,646.12	362,066	962,766
New Hanover (5)	77,399.94	19,666.66	0	97,066
Orange (15B)	20,443	61,329	0	81,772
Person/Caswell (9A)	70,750	27,250	0	98,000
Randolph (19B)	50,000	27,000	14,000	91,000
Wake (10)	63,875	46,125	84,266	194,266
TOTAL \$	\$1,000,564	\$561,380	\$509,322	\$2,071,266

^a Carteret/Craven DTC operates two small courts (5-10 participants each) by utilizing TASC and CJPP. No dollar value was assigned to this contribution.

Chart 1 identifies the percentage of funding sources for the adult DTCs. State funding provides 48% of the budget, a big increase from last year's 26%, while 27% is from federal monies, a large decrease from last year's 53%. Local funds contribute 25% of the budget overall, which is a slight increase from last year's 21%.



ADULT DTC EVALUATION

This section summarizes preliminary results of the Residential Treatment/Supportive Housing Project; the statewide DTC process and outcome evaluation results; the current DTC statistics for admissions, graduation and termination rates; and recent national research regarding the success of drug courts.

Caution should be used when comparing North Carolina DTCs to other criminal justice programs and to other DTCs across the country. Although each NC DTC has specific eligibility requirements that differ somewhat across courts, one criterion is consistent across all: *the individual must be addicted to drugs and/or alcohol*. Because of this requirement, it is essential to know the addiction status when comparing the North Carolina DTC's outcomes to other programs. Statewide, it is difficult to compare DTC clients to probationers (the most likely

comparison group for the DTC population). Criminal charges can be easily matched to make sure you are comparing similar populations, but sufficient and reliable information about the extent of the offender's drug and alcohol use is not available in the Department of Correction's management information system, OPUS. This impacted the choice of the comparison group for the *North Carolina Drug Treatment Court Evaluation Final Report* summarized below. Nationally, most DTCs across the country do not restrict admission to "addicts" as the NC DTC does. Those DTCs may admit first time users as well as substance abusers that have not been assessed as addicts. Therefore, the level of substance use and abuse should be considered when comparing NC DTCs to other DTCs across the country.

Residential Treatment/Supportive Housing Needs Assessment Report

In 2003 the DTC State Office contracted with Tricia Hahn, M.S.P.H., Ph.D.,L.P., a forensic psychologist, to complete a residential treatment and housing needs assessment for all adult operational DTCs. The assessment was funded by a 2003 Governor's Crime Commission grant. A written report was submitted to the NC AOC on May 20, 2004.

The results of that assessment indicated that the number one perceived need for both male and female DTC participants was supported housing and the second most perceived need was residential treatment. "Almost one third of DTC participants were perceived as needing halfway house placement with over 16% not receiving it. Residential treatment in the form of either standard residential treatment or a therapeutic community was currently used for over 20% of the participants and needed but not received by an additional 16% of the participants."

Another key component of the needs assessment was to collaborate with other state agencies and key stakeholders to conceptualize the ideal model for residential treatment with a step-down to supportive housing using best practices. Dr. Hahn met with representatives from the AOC, DOC, DHHS, and residential treatment providers starting in November of 2003. The committee specifically identified the need for a residential treatment facility for women that would serve paroled women as well as female probationers who are currently sent to prison. Since 1989 this option has only been available to male offenders while female offenders in need of treatment are sent to prison.

It was the consensus of the committee that this facility should be operated by the DOC and so the committee recommended that the project be turned over to DOC staff. They further recommended that funding for such a facility be placed in the DOC's 2004-2005 expansion budget. A full report of the committee's activities and recommendations was presented to the AOC on September 7, 2004.

Full versions of both reports are available on the nccourts.org website under Drug Treatment Courts, Research and Evaluation

2004 Summary Statistics for Adult DTCs

Each state-funded DTC is required to use the DTC Management Information System (MIS) for monitoring and tracking of the participants and the court itself. Table 4 provides the aggregate number of new admissions, active participants at the end of the year, graduations, terminations, participants served, and participant fees collected for the past three years for local adult DTC courts with criminal jurisdiction.

During 2004, the adult DTCs served 1002 participants; 591 defendants/offenders were admitted into DTCs representing a 7.7% increase from 2003. The overall retention rate for DTC has remained rather steady over the past four years, fluctuating between 64% and 69%. (The retention rate is derived from the number of active participants and graduates during the year

divided by the total number of participants served during the year.) The DTC ended the year with 479 active participants, a 1% increase from the previous year. A portion of the participants (N = 342) did not successfully complete DTC. The graduation rate was similar to last year at 35%, graduating 181 participants. A total of \$95,419 was collected in treatment fees and were used to enhance treatment services.

**Table 4: Summary of Adult Drug Treatment Courts Data
(Criminal jurisdiction only)**

Calendar Year	2002^a	2003	2004
New Admissions	503	549	591
Active Participants at the End of CY	398	474	479
Graduations	153	172	181
Terminations	261	293	342
Total Served [= Active Participants + Graduations + Terminations]	812	939	1002
Retention Rates [= Active Participants + Graduations ÷ Total Served]	68%	69%	66%
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	37%	37%	35%
Participant Fees Collected	\$82,904	\$90,936	\$95,419

^a Data is included for all operational adult DTCs, spanning judicial districts 5, 9A, 10, 14, 19B, 21, 25, 26, and 28, irregardless of funding source. Districts 5, 9A, 19B, 14, 21, 25, and 26 received State funds during FY 2003-04. The other DTCs (i.e., 19B and 28) were funded by federal and local funds.

The graduation and retention rates bode extremely well given that the North Carolina DTCs:

1. have chosen not to admit “experimental users” or diagnosed “substance abusers” into adult DTCs but rather to refer such individuals to less-intensive community-based intervention programs;
2. admit only pre-screened, SASSI-determined, “chemically dependent,” offenders whose lives are, by their own admission or that of their families and local law enforcement, “out of control and unmanageable;”
3. target those addicted offenders who community-based treatment programs have been unable to access or retain in treatment;
4. require successful completion of an intensive treatment program for a minimum of one year; and
5. mandate full compliance with their DTC regimen to be eligible for graduation (e.g., steady employment or full-time education enrollment, full payment of court and treatment fees, completion of community service and restitution obligations, and four months clean time immediately preceding graduation).

DTC Research

While the drug court evaluation literature is still young, all indications are that DTCs can significantly impact the quality of life within a community by reducing recidivism, providing system-wide cost savings, increasing retention rates in treatment, and reunifying families of addicted offenders.

Drug Courts Decrease Recidivism:

National Research: A recent national study supported by the National Institute of Justice reported that only 16.4% of 17,000 DTC graduates had been rearrested and charged with a

felony offense (Roman, Townsend, & Bhati, 2003). **The NC DTC graduates were included in this national sample.**

Statewide Research: New York State analyzed the re-conviction rate among their drug court defendants. The study found a 29% lower recidivism rate for drug court participants compared to those who did not enter the drug court (Rempel, et al, 2003). Peters and Murrin (2000) conducted a 30-month outcome evaluation of two drug treatment courts located in Escambia and Okaloosa Counties, Florida. Their hypotheses were that: (a) drug court graduates would have a more favorable outcome than non-graduates and a comparison group of probationers; and (b) the length of drug court involvement would be positively correlated with favorable criminal justice outcomes. The results supported their hypotheses. Graduates were significantly less likely to be arrested during a 12-month period and at the 30-month follow-up period. In the Escambia DTC, **48% of DTC graduates were arrested by the end of the 30-month follow-up period compared to 63% of the matched probationers** and 86% of non-graduates. For the Okaloosa DTC, **only 26% were arrested during the 30-month follow-up period while 55% of matched probationers** and 63% of non-graduates were arrested. The rates of arrest during the 30-month follow-up period declined the longer the non-graduates were in DTC.

Drug Courts Save Money:

National: The National Treatment Improvement Evaluation Study from the Center for Substance Abuse Treatment reports that the average cost per treatment episode was \$2,941 between 1993 and 1995. The average treatment benefit to society was \$9,177 per client that resulted in an average savings of three to one. **For every dollar spent on treatment, there was a three dollar savings to society.** The savings resulted from reduced crime-related costs, increased earnings, and reduced health care costs that would have been borne by society (ONDCP Fact Sheet, 2001).

Statewide: In California, researchers recently completed two studies that demonstrate significant cost-benefit savings. Both studies demonstrated a minimal savings of 18 million dollars. One of the studies assessed the avoided incarceration costs. A total of 425,014 jail days were avoided with at an estimated savings of \$26 million dollars (Judicial Council of California and California Department of Alcohol and Drug Programs, 2002).

Another study of three DTCs in California documented cost avoidance averaging \$200,000 annually per court per 100 participants (NPC Research, Inc. & Judicial Council of California, 2002). "Due to these studies and an analysis of prison days saved by drug courts, 58 percent of California's drug court funding is provided by a direct transfer of funds from the Department of Corrections budget."

The Washington State Institute for Public Policy reported in 2003 "investment in drug courts pay off through lower crime rates among participants and graduates." That study estimated that the average drug court participant produced \$6,779 in benefits. Those benefits are made of \$3,759 in avoided criminal justice system costs paid by taxpayers and \$3,020 in avoided costs to victims. A total of \$1.74 in benefits for every dollar spent on DTC was realized according to that study.

The Institute of Applied Research in St. Louis, Missouri reports "What you learn is that drug courts, which involve treatment for all the individuals and real support—along with sanctions when they fail—are a more cost effective method of dealing with drug problems than either probation or prison." (Institute of Applied Research, 2004)

The Department of Economics at Southern Methodist University reports that for every dollar spent on DTC in Dallas, Texas, the state saved \$9.43 in tax dollars (Fomby and Rangaprasad, 2002).

The California Drug and Alcohol Treatment Assessment (CALDATA) study included a cost-benefit analysis of a random sample of adults who received substance abuse treatment through publicly funded programs in California (Gerstein, Johnson, Harwood, Fountain, Suter & Malloy, 1994). By using a before and after treatment research design, the results concluded that there was a **\$7.46 return for every dollar spent on treatment**. The CALDATA study also reports **reductions in criminal behavior after treatment (from 61% to 16.4%) for outpatient adults** (Gerstein, et al, 1994).

Drug Courts Increase Retention in Treatment:

There are two major findings that were reported by the Center for Substance Abuse Treatment (CSAT) in 1996. First, was that the length of time an offender stayed in treatment was a reliable predictor of his or her post treatment performance and second, coerced clients tended to stay in treatment longer than non-coerced clients. The data indicated that 40 - 80% of offenders dropped out of treatment in the first 90 days and 80 - 90% dropped out in less than 12 months. Twelve months was cited as the minimum duration of treatment needed in order to be effective. Nationally, DTCs report retention rates between 67 - 71% (American University). **In North Carolina the retention rate was 66% (2004).**

INDIVIDUAL ADULT DTC HIGHLIGHTS

The court data and highlights presented in tabular form were submitted by the local DTC directors. In some cases, the DTC State Office Staff provided edits to enhance the flow of the intended communication, but not to alter it's meaning.

ADULT DRUG TREATMENT COURTS

Buncombe County DTC ? Judicial District 28				
General Description				
Type of Court	Post-Sentence			
Court Level	Superior Court			
DTC Administrator	Kyle Moody Phone: 828-250-4284			
Presiding DTC Judge	Ronald K. Payne			
Other members of the DTC Core Team include:	Ass't. D.A.: <i>Al Williams</i> Public Defender: <i>Bob Hufstader</i> Probation Officers: <i>Wayne Knight; Danny Ray</i> Treatment Provider: <i>Addiction Recovery Program-Richard Appelbaum; TASC assessments-Kristin Warnke</i> Asheville Police Department: <i>Quentin Miller</i> DTC Coordinator: <i>Vacant</i> Women At Risk: <i>Patti Horton</i>			
Court Implementation Date	December 1, 2000			
Budget Summary				
Fiscal Administrator	Buncombe County			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$25,000	\$51,687.99	\$25,544	\$102,231.99
Budget Description				
The \$51,687.99 is an extension of an FY 2003 grant from the Governor's Crime Commission (GCC). The Grant ended June 30, 2004, but due to our success and unforeseen funding future, the GCC agreed to extend us with the money left over from the previous year. The GCC then added in an extra \$20,000 to bring the total less 25% to \$51,687.99. The AOC has graciously given our court \$25,000 adding to the GCC extension. The local match consists of \$12,250 from the local Alcoholic Beverage Control Board and the remainder is from the Buncombe County Commissioners.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	50	36	26	
Active Participants at End of CY	39	35	36	
Graduations	15	15	8	
Terminations	23	26	17	
Total Served [= Active Participants + Graduations + Terminations]	77	76	61	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	70%	66%	72%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	39%	37%	32%	
Participant Fees Collected	\$4,911	\$3,889	\$4,894	

ADULT DRUG TREATMENT COURTS

Buncombe County DTC ? Judicial District 28 ? <i>Continued</i>
Data Description
<p>Due to an uncertain funding future, the Buncombe County DTC halted admissions in early August '04. We did not want to start individuals in this process if it would be impossible to finish before funding ran out. After the aforementioned funding was evident, we began admissions again in late Dec. '04. This turn of events led to lower data numbers in admissions, termination, total served and graduation rates. However, our retention rates were higher, and more importantly, we were able to collect almost the same amount of money as in 2002 when our New admissions and Active participants were at their highest. Our graduation numbers dropped in 2004 because the program was extended from 12 months to a minimum of 15 months.</p>
Court Highlights
<p>Buncombe County Drug Treatment Court was implemented under the leadership of Superior Court Judge Ronald Payne. For the first year of its existence, the only funding was a \$12,000 donation by the Alcoholic Beverage Control (ABC) Board to pay for part of the treatment of the participants. With this minimal financial assistance, the donation of part-time counseling services by Blue Ridge Services, and the time and energy commitments from a dedicated team of community partners, the DTC was able to build a highly structured design to serve between 20 and 25 active participants originally. The ABC Board made a commitment to make a contribution over the next three years and increased the amount this year to \$12,250. In October 2001, the Governor's Crime Commission (GCC) awarded the Buncombe DTC a grant of \$130,909 over a two-year period. The Buncombe County Commissioners and the ABC Board provided local match. In 2003, the GCC approved one additional year of funding and in October we hired a full-time Coordinator (in the past, the position was half-time). The DTC Team meets prior to every Drug Treatment Court, which is held every two weeks. A high rate of attendance and participation by the core team members reflects the interest and commitment to the DTC. Our court has graduated five habitual felons and currently has four still active. The Partnership TASC Program, which includes a cognitive behavioral component, is providing substance abuse assessments and care management. The Addictions Recovery Program (ARP-Phoenix), a private provider, provides substance abuse treatment. This private provider is qualified to supervise dually diagnosed participants, which fills a great need within the population that we serve. DTC participants now go to the Day Reporting Center to attend GED classes and to get assistance with employment. In CY 2004, Probation conducted 3941 screens resulting in only 139 positive screens (4%). Along with keeping people clean, providing treatment, and seeking to reduce drug and prison recidivism, the DTC is able to help find them housing, present education and employment opportunities and ultimately offer the participants the tools necessary to help maintain sobriety years after program completion. If we can do all that on an uncertain shoestring budget, imagine what could be accomplished with solid permanent funding.</p>

ADULT DRUG TREATMENT COURTS

Carteret County DTC ? Judicial District 3B				
General Description				
Type of Court	Post-Sentence			
Court Level	Superior Court			
DTC Coordinator	Lynn Holton Phone: 252-672-1654			
Presiding DTC Judge	James E. Ragan III			
Other members of the Core Team include	Ass't. D.A.: <i>Katherine Taylor</i> Coordinator: <i>Lynn Holton</i> Public Defender: <i>Debbie Massey</i> Probation Officer: <i>Chris Barnett, Denise Gaskill</i> Treatment Provider: <i>Sea Oats, Neuse, Smith Assessments</i>			
Court Implementation Date	October 17, 2003			
Budget Summary				
Fiscal Administrator	N/A			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	0	0	0	0
Budget Description				
This court is operating with no funding from any sources.				
Data Summary				
Calendar Year	2003		2004	
New Admissions	9		14	
Active Participants at End of CY	9		11	
Graduations	N/A		2	
Terminations	0		9	
Total Served [= Active Participants + Graduations + Terminations]	9		22	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	N/A		59%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	N/A		18%	
Participant Fees Collected	\$0		0	
Data Description				
During 2004, Carteret County DTC served a total of 22 participants with 2 participants graduating.				
Court Highlights				
Carteret County DTC was created by Emergency Superior Court Judge James E. Ragan. We have been operational since October 17, 2003 with no funding. Our core team is staffed with state-employed volunteers.				

ADULT DRUG TREATMENT COURTS

Catawba County DTC ? Judicial District 25				
General Description				
Type of Court	Post-sentence			
Court Level	District Court			
DTC Coordinator	Reva Cook Phone: 828-327-6026			
Presiding DTC Judge	Burford A. Cherry and Amy Sigmon			
Other members of the Core Team include:	Ass't. D.A.: <i>Ben White</i> Defense Attorney: <i>Scott Conrad</i> Probation Officer: <i>Kathryn Propst</i> Law Enforcement: <i>Sgt. Bob Riley</i> Treatment Provider: Paula Treadway			
Court Implementation Date	May 31, 2001			
Budget Summary				
Fiscal Administrator	Catawba County Area Mental Health			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05		\$50,912	\$23,446	\$74,358
Budget Description				
The Catawba DTC has received \$16,934 from Mental Health Services of Catawba County and \$6,512 from Clay Wilson and Associates. The funds from Clay Wilson covered a portion of the coordinator's salary for the first quarter of the fiscal year. The Governor's Crime Commission provides \$50,912 as the remainder of a 2year grant. These funds cover treatment fees and the majority of the cost of the coordinators salary. Clay Wilson covers the cost of travel, etc. for the coordinator.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	14	13	20	
Active Participants at End of CY	11	17	26	
Graduations	2	4	9	
Terminations	1	1	6	
Total Served [= Active Participants + Graduations + Terminations]	14	22	41	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	92%	95%	85%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	66%	80%	60%	
Participant Fees Collected	0	0	0	
Data Description				
The Catawba DTC program was contracted out by Mental Health Services of Catawba County due to MH Reform. Clay, Wilson and Associates were chosen as the provider through a RFP process. They have experience working with various court related programs and grant programs. Mental Health Services of Catawba County continues to oversee the grant from the Governor's Crime Commission and to provide the matching funds and technical assistance.				

ADULT DRUG TREATMENT COURTS

Catawba County DTC ? Judicial District 25 ? *Continued*

Court Highlights

The local Criminal Justice Partnership Program Board agreed to take on the responsibility of serving as the DTC Advisory Board due to the overlap of mandated responsibilities and roles. The Catawba DTC admitted 20 new participants in 2004 and ended the year with 41 active participants. The court has yielded 9 graduates. Currently, there are 3 participants in the referral stage. The number of eligible participants continues to rise and additional funds will be needed to assist in payment of treatment costs, transportation, housing support, etc.

Our graduates continue to validate the goal of reducing crime and making a safer community with no re-arrests and successful transitions back into the workforce.

Graduates of the program work in local industry, non-profit organizations and small businesses of their own. Several graduates are full time college students and one is an active member on a client advisory board for a local treatment provider.

DTC and Catawba Valley Community College have formed a mutually beneficial collaboration that enables their students to obtain hands on training hours and provide our clients with affordable dental screenings

The 2005 focus for Catawba County DTC will be educating the local community about the positive impact of Drug Treatment Court. We will be partnering with local service based non-profit organizations such as Habitat for Humanity, The Family Resource Center, and Exodus Homes. These community service opportunities allow our participants to "put back" into the community as part of their ongoing recovery efforts.

ADULT DRUG TREATMENT COURTS

Craven County DTC ? Judicial District 3B				
General Description				
Type of Court	Post-Sentence			
Court Level	Superior Court			
DTC Coordinator	Lynn Holton Phone: 252-672-1654			
Presiding DTC Judge	James E. Ragan III			
Other members of the Core Team include	Ass't. D.A.: <i>Joy Strickland</i> Coordinator: <i>Lynn Holton</i> Defense Attorney: <i>Dan Potter</i> Probation Officer: <i>Candy Sfetsos</i> Treatment Provider: <i>Cdteg</i>			
Court Implementation Date	December 2000			
Budget Summary				
Fiscal Administrator	N/A			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	0	0	0	0
Budget Description				
This court is operating with no funding from any sources.				
Data Summary				
Calendar Year	2003	2004		
New Admissions	11	21		
Active Participants at End of CY	11	16		
Graduations	5	3		
Terminations	11	7		
Total Served [= Active Participants + Graduations + Terminations]	27	26		
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	59%	73%		
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	31%	30%		
Participant Fees Collected	\$0	0		
Data Description				
During 2004, Craven County DTC served a total of 26 participants with 3 participants graduating. We admitted 21 new offenders. Only supervision and restitution fees were collected.				
Court Highlights				
Craven County DTC was created under the leadership of Superior Court Judge James E. Ragan, III. We have been operating our court since June of 1999 with no funding. Our core team is staffed with State-employed volunteers with the exception of the Defense Attorney in Craven County. We had 5 graduates in the year 2003. In October 2003, with the aide and assistance of core team we increased the frequency of our court from once a month to twice a month. CJPP entered a contract with CDTEG, a private treatment provider who agreed under the contract to provide a liaison to attend every session of our Drug Treatment Court. Our court serves only probationers who have violated their probation or probationers with significant substance abuse problems who would have been sent to prison but for the intervention of DTC.				

ADULT DRUG TREATMENT COURTS

Durham County DTC ? Judicial District 14				
General Description				
Type of Court	Post-sentence			
Court Level	District Court			
DTC Director	Peter L. Baker Phone: 919-564-7205			
Presiding DTC Judge	Richard G. Chaney			
Other members of the DTC Core Team include:	Treatment Case Manager: <i>Karen Shaw (full-time)</i> Asst. Public Defender: <i>Tina Hamilton</i> Asst. District Attorneys: <i>Cameron Frick</i> Probation Officer: <i>Yolanda Woodhouse</i> Law Enforcement Liaison: vacant Treatment Providers: <i>Renee' Baker, Randy Robinson (CJRC)</i>			
Court Implementation Date	November 12, 1999			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$79,043.04	\$16,956.96	0	\$96,000
Budget Description				
The Durham County DTC budget currently is funded through a state appropriation of \$79,043.04. The GCC provided funding of \$16,956.96. The budget for FY 2004-05 is \$96,000.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	33	30	28	
Active Participants at End of CY	33	29	30	
Graduations	8	12	6	
Terminations	11	21	15	
Total Served [= Active Participants + Graduations + Terminations]	52	62	51	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	79%	66%	71%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	42%	36%	29%	
Participant Fees Collected	\$5,008	\$5,818	\$5,760	
Data Description				
During 2004, the Durham DTC served 51 participants having a 71% retention rate. The court graduated 6 participants (29%). There were 30 active participants at the end of the year. A total of \$5,760 of fees was collected in 2004.				

ADULT DRUG TREATMENT COURTS

Durham County DTC ? Judicial District 14 ? *Continued*

Court Highlights

Admission numbers were down from 2003 as we struggled with processing referrals in a timely manner due to many systemic challenges. Because we have problem-solved these issues, we anticipate an increase in admissions in 2005. We had hoped that we would have 50 active clients and maintain an additional ½ position for Case Management in 2004. Because we feel the anticipated growth will occur in 2005, we will be faced with decisions of caseload ceilings. Probation modifications remain an underutilized area for new referrals. A strong and experienced DTC team continues to pursue strategies to strengthen programmatic issues. The original Probation Officer and Judge remain on the team. Active clients re-offending were addressed by policy changes, while other changes instituted throughout the year bode well for operational stability. We especially have been challenged to make a stance on methadone treatment and hope that we can create a policy in 2005.

The contract with the local CJRC was continued, although they had to incur a drastic cut in funding, which has affected the services received on behalf of the court. It is our hope to continue to encourage a return to full treatment funding. This is significant because this contract yields for us access to Halfway House beds for men and individualized treatment sessions for our clients. We've researched the idea of using the SCRAM alcohol monitoring system, but have not received the support of AOC in moving forward on this matter. We will plan our yearly retreat in Spring, 2005 to complete a SCOT analysis and look at other issues for the court. The Local DTC Management Committee continues to meet, and the initiation of the 501(c)(3) has occurred, apart from court operations. This Foundation will assist in funding participant ancillary services usually not covered at the present funding levels.

ADULT DRUG TREATMENT COURTS

Forsyth County DTC ? Judicial District 21				
General Description				
Type of Court	Pre-plea and Post sentence			
Court Level	District Court			
DTC Director	Gene Williams Phone: 336-761-2242			
Presiding DTC Judge	Lisa V. Menefee			
Other members of the DTC Core Team include:	Treatment Case Manager: <i>Kendra Davis</i> D.A.s: <i>Mary Jean Behan; Jennifer Martin</i> Public Defender: <i>Elizabeth Toomes</i> Law Enforcement: <i>B. Scott Ogle</i> Clinical Treatment Provider: <i>HopeRidge Centers For Behavioral Health</i> Residential Treatment Provider: <i>ARCA</i>			
Court Implementation Date	June 14, 1996			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$86,000	\$9,000.00	0	\$95,000.00
Budget Description				
The Forsyth County DTC budget currently is funded through a state appropriation of \$86,000.00. A Governor's Crime Commission grant awarded to the AOC provided \$9,000.00 for treatment services.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	38	35	30	
Active Participants at End of CY	28	18	21	
Graduations	25	23	8	
Terminations	24	13	29	
Total Served [= Active Participants + Graduations + Terminations]	77	54	58	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	69%	76%	50%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	51%	64%	22%	
Participant Fees Collected	\$14,158	\$8648.50	\$4,602	
Data Description				
A total of 30 participants were served by the Forsyth DTC in 2004 with a 50% retention rate and a 22% graduation rate. There were 21 active participants at the end of the year. A total of \$4,602 in participant fees was collected.				
Court Highlights				
The Forsyth DTC (DTC) targets addicts with extensive substance abuse histories. In 2004, the DTC entered its first full year being changed from a pre-plea to a post-plea court program. This drastically curtailed the number of referrals by the newly established Public Defenders Office, private attorneys, and the DA's office of clients to the Drug Treatment Court. Changing from a pre-plea to a post-plea court removed the major "carrot" (dismissal of charges for pre-plea offenders successfully completing the DTC program) for referral of clients to the DTC.				

ADULT DRUG TREATMENT COURTS

Forsyth County DTC ? Judicial District 21 ? *Continued*

Court Highlights Continued

Additionally, 2004 was also the first year that the Forsyth DTC did not have Probation and Parole as a part of the DTC Court Team. Because of staffing concerns, in January 2004, Probation and Parole reassigned the two Intensive Probation Officers that were on the DTC team. The reassignment of these Probation Officers also had an effect on the DTC during 2004. The Intensive Probation Officers played a major role as partners on the DTC Team and provided close monitoring and reporting on all DTC clients, not just those clients with court ordered Intensive Probation. The DTC and Probation and Parole have been meeting to discuss how the DTC and Probations can bridge the gap in 2005 and enhance this partnership. The DTC feels that although the Intensive Officers may not return to the DTC team there are other approaches that Probations and the DTC will pursue. Also, the Chief District Court Judge and the DTC Judge are working with the Forsyth County District Attorney in hopes of having the District Attorney return to accepting pre-plea clients into the DTC Program. Even with these major changes that led to a lower client intake in 2004, the DTC program still had a successful year. The retention rate of 50% is indicative of the quality of treatment and other recovery services in the Forsyth DTC.

A cornerstone of the program continues to be the linkage established with local law enforcement. The biweekly case review and DTC sessions are staffed by the judge, treatment staff, assistant district attorney, public defender, and a designated community police officer from the Winston-Salem Police Department. The Winston-Salem Police Department maintains computerized records of all police contacts before, during and after participation in DTC, thus allowing the department to monitor the progress of all DTC participants. There is continued communication between the police department (repeat offenders unit) and the DTC director. Additionally, the police department completes a background check on all prospective candidates prior to entry into DTC. After a participant graduates, the police department monitors all police contacts by the former participants for a period of two years. The Winston-Salem Police Department has become one of the most outspoken proponents of the DTC concept.

The Forsyth DTC is currently pursuing an alliance for the local Regional TASC to join the DTC in providing both a full-time case (care) manager and bringing a minimum active caseload of 20-25 clients into the DTC. The arrangement is to have TASC refer to DTC those clients who have failed in the TASC program and need a comprehensive structured program for recovery. This will double the client population currently being served by the Forsyth DTC and build a strong collaborative effort between the DTC and TASC in Forsyth County. Additionally, this should enhance the Forsyth DTC Program and the TASC program, and enable the DTC program to serve possibly 50-60 clients. It is anticipated this alliance will occur in February or March 2005.

During 2004, the Chief District Court Judge, who is also the Truancy Court Judge and the Juvenile Treatment Court Judge, began referring adult clients from Truancy Court who met the criteria for admission into the Adult Drug Treatment Court. This came to fruition as a result of the judge taking a "family approach" toward assisting clients with drug dependency problems. Many of the clients appearing in Truancy Court had drug dependency needs, that were, in many cases, the major reason for their children being truant from school. The Drug Court Program is being both ordered and offered to these Truancy court referrals with drug dependency needs and thus far this holistic approach seems to be working well. During 2004, ten referrals were made to the DTC from the Truancy Court, of which three of these referrals are now active clients. These three clients are doing very well in the DTC program and none have been terminated since their admission. Four other referrals were deemed ineligible for the DTC but referred to other treatment providers in Forsyth County. The partnership between the DTC and Truancy Court seems to be very effective and we expect referrals to continue and possibly increase during 2005.

ADULT DRUG TREATMENT COURTS

Guilford County DTC ? Judicial District 18				
General Description				
Type of Court	Pre-Plea			
Court Level	District Court			
DTC Coordinator	Wheaton Pike, Administrator Phone: 336-574-4335 ext 1			
Presiding DTC Judges	Susan R. Burch			
Other members of the Core Team include:	Case Manager: <i>Donnie Harris</i> Ass't. D.A.: <i>Randi Spiker, Michelle Fletcher</i> Public Defender: <i>Jennifer Rierson; Kim Stein</i> Probation Officer: <i>Tekla Ludwig</i> Treatment Provider: <i>Amy Stern of Alcohol & Drug Services, Inc.</i>			
Court Implementation Date	December 18, 2002			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05		\$178,806		\$178,806
Budget Description				
A 3-year Bureau of Justice Assistance grant funds the Guilford DTC. The money listed above is the third year budget. Guilford County has requested an extension of grant. Guilford County has provided the DTC staff with offices in the courthouse from which to operate the Drug Court.				
Data Summary				
Calendar Year	2003		2004	
New Admissions	35		47	
Active Participants at End of CY	19		23	
Graduations	1		7	
Terminations	17		33	
Total Served [= Active Participants + Graduations + Terminations]	37		63	
Participant Fees Collected	\$2,300		\$4,549	
Data Description				
During 2004, the 2 nd year of operation, the Guilford County DTC served a total of 63 clients with seven clients graduating. Forty-seven were admitted in 2004 and 23 remained active at the end of the year. A total of \$4,549 in client fees was collected in 2004 almost doubling what was collected in 2003.				

ADULT DRUG TREATMENT COURTS

Guilford County DTC ? Judicial District 18 ? *Continued*

Court Highlights

Guilford County's Drug Treatment Court has been in operation for twenty-four months. The goal was to serve between 40-60 clients during the first year and between 100-120 the second year. The 63 active clients served in 2004 fell short of the minimum goal. In addition to the 63 clients, one client is being monitored but on inactive status due to being in a long term treatment program and one client was court ordered as a condition of probationary sentence out of Superior Court. The program is still fairly new and many changes in policies, procedures and staff have occurred. As with all new programs, changes must be made as we learn what works and what does not work. During the month of November and December many referrals complied with portions of the program rules but were not admitted as active clients because the holiday and court schedules made judging the client's ability to comply too difficult to be assured that the client was could comply. There are currently 13 referrals being evaluated to see if they meet the criteria of the program.

The DTC Public Defender, case manager and administrator attended the NADCP 10th Anniversary Drug Court Conference in Milwaukee, Wisconsin in June. It was very informative and the team shared the information obtained with the DTC management team. The team also attended a statewide training in Raleigh in November.

Since the inception of Drug Court, there has been much staff turnover. It has been an on-going struggle to keep the program staffed with experienced and skilled personnel who are knowledgeable in both the field of addiction and the court system. The program, even with the staffing issues, is thriving and the team has actually become more cohesive and supportive.

There still exists a constant challenge in finding resources to help clients with non-treatment related needs.

The DTC Coordinator joined the Guilford County Substance Abuse Coalition in an effort to become more knowledgeable of existing resources and to learn how to link up with other agencies that might benefit the clients. Lack of alternative housing and overall lack of resources for women are still a significant deterrent to being able to work with many of the referrals.

Guilford County's Drug Treatment Court has been operating for two years now and has had 8 graduates. Because the length of the program is no less than 12 months and the population is predominantly long-term addicts, the number of graduates each year will not rise until there are more defendants in the program. The District Attorneys office has been very accommodating making and approving referrals. There have been 148 total referrals in 2004 compared to 113 total referrals in 2003. This is a considerable improvement.

Guilford County Drug Court received a favorable editorial in the News and Record, written by the supervisor of one of the Drug Court graduates. She noted the program "was not for the faint of heart" and "is for individuals who are serious about turning their lives around". She expanded to state that she saw compassion from the case managers, probation officers, attorneys, district attorneys and judges but she also saw toughness.

Guilford County Drug Court has entered into a memorandum of agreement with the Urban Institute (Justice Policy Center) who is conducting a five-year national evaluation of drug court impact, funded by the National Institute of Justice and conducted by the Urban Institute (UI), Research Triangle Institute (RTI) and the Center for Court Innovation (CCI). The objective of the study is to evaluate the impact of different interventions with drug-involved offenders on participant outcomes.

Guilford County Drug Court has developed a more efficient and effective consulting and reporting process with our treatment provider as well as the probation office improving overall communication.

ADULT DRUG TREATMENT COURTS

Mecklenburg County Adult DTC ? Judicial District 26				
General Description				
Type of Program	Pre-plea and Post-sentence			
Court Level	District and Superior Courts			
Program Director	Janeanne Tourtellott Phone: 704-358-6212			
Presiding DTC Judges	Philip F. Howerton, Jr.; Fritz Y. Mercer, Jr.; W. Robert Bell; Hugh B. Lewis			
Other members of the DTC Core Teams include:	Criminal Court Program Coordinator: <i>Rosalind James</i> Operations Coordinator: <i>Sherrill Foust</i> DTC Court Coordinators: <i>Leon Dean; Yvonne Jones; Deborah McCullough; Don Moore; Edna Ramos; John White; John Garvin</i> D.A.: <i>William Stetzer; Jeff Davis; Justin Davis; Steve Ward</i> Public Defender: <i>Bob Ward; Elizabeth Trosch, Charlena Harvell</i> Probation Officers: <i>Dean Ewald (Supv.); Susan Rust (Supv.); Jonathan Byers; Lisa Ray; Bridget Johnson; Shana Steele</i> IOP Treatment Providers: <i>SE Addiction Inst. & Learning Ctr. (SAIL)</i> Residential Treatment Providers: <i>Hope Haven, Inc., Hope Valley, and McLeod Center</i>			
Program Implementation Date	District Court – February 9, 1995 Superior Court - July 10, 1998 DWI Treatment Court - March 30, 2000			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$528,053.88	\$72,646.12	\$362,066	\$962,766
Budget Description				
<p>Fiscal Year 04-05 brought new challenges to the Mecklenburg County Adult DTCs as over 75% of our budget had been funded through non-state funds, primarily from Governor's Crime Commission (GCC) grants and funds from Mecklenburg County. While local dollars (\$362,066) were secured for FY 04-05, no GCC funds were allocated. Through local efforts we were able to restore funding at 88% of the previous year's budget. This was accomplished through the special allocation granted by the General Assembly of \$162,000 for the Mecklenburg County Youth Treatment Court (YTC) Program, a grant from the local ABC Board (\$23,908) and a grant from the Governor's Highway Safety Program (\$131,500). Due to the commitment by Mecklenburg County to provide additional funding to the YTC Program on a one-time basis, the General Assembly's allocation of \$162,000 was diverted to the Adult DTCs to assist in maintaining operations for an additional year, while a more permanent funding source is developed. Additionally, the Smart Start Childcare Subsidy Program was renewed in the amount of \$93,700.</p>				

ADULT DRUG TREATMENT COURTS

Mecklenburg County Adult DTC ? Judicial District 26? *Continued...*

Data Summary

Calendar Year	2002	2003	2004
New Admissions	205	232	210
Active Participants at End of CY	167	209	184
Graduations	51	75	91
Terminations	95	116	133
Total Served [= Active Participants + Graduations + Terminations]	313	400	408
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	70%	71%	67%
Graduation Rates [= Graduations ÷ (Graduations +Terminations)]	35%	39%	41%
Participant Fees Collected	\$44,351	\$51,736	\$62,172

Data Description

During 2004, the five Mecklenburg Adult Criminal DTCs combined to serve approximately 408 participants. New admissions resulted from 210 referrals, with a retention rate of 67%. Ninety-One participants (41%) graduated from the program. \$62,172 participant fees were collected for the DTCs.

Program Highlights

The collaborative effort of the agencies represented by the Core Team Members continues to be strong. The commitment to the program by these agencies is evident through their support of staff and their work with program participants. 18 Team Members participated in the State DTC Conference held in November. Additionally, Judge Howerton, representatives from the District Attorney's Office, Public Defender's Office and program staff serve as presenters for national trainings and conferences sponsored by the National Drug Court Institute (NDCI) and the Bureau of Justice Assistance.

Our DWI Treatment Court was selected as Model Court by the NDCI and hosted six teams from around the country in March 2004. This court has been asked to host another group of teams from across the country in 2005. This is particularly exciting given the U.S. Department of Transportation's National Highway Traffic Safety Administration's (NHTSA) announcement to make the "*proliferation of DWI Courts across the county*" a priority. The DWI Team also hosted NHTSA members as they sought information on the effectiveness of DWI Treatment Courts for this initiative. "*Drug Courts: A S.T.E.P. in the Right Direction*" (an orientation video produced for the Mecklenburg Adult Criminal DTCs through funds donated by the Mecklenburg County Sheriff's Department) is featured on the DUI Resource Center website hosted by NHTSA and the National Association of State Judicial Educators.

Our DWI Treatment Court has seen an increase in the number of Latino participants and had the first Latino graduate from the program in 2004. A local ABC grant is being used to purchase headphones and transmitters for use with this court due to the growing number of non-English speaking participants. The DWI Treatment Court Team is also piloting a new alcohol monitoring system (SCRAM) for use with DWI Treatment Court participants who continue to drink. It is hoped that this new monitoring tool will be an effective sanction in correcting non-compliance behavior and in increasing public safety.

ADULT DRUG TREATMENT COURTS

Mecklenburg County Adult DTC ? Judicial District 26?

Continued...

The loss of funds for supportive housing dedicated to the DTC participants in June proved devastating to many who were displaced. DTC Team Members are actively seeking alternatives within the local community. The high demand for DTC participants to focus on their recovery during the initial phase of the program can severely limit their employment options, thereby decreasing their personal resources for housing. While some housing options have been located for those who are employed, supportive housing options at the front end of the program continue to be a challenge.

Smart Start continues to support the Adult DTCs by providing subsidized childcare to participants. The partnership between Central Piedmont Community College and the Adult DTCs provides scholarships for off-site vocational training. This year we had our first two female graduates of the HVAC & welding classes. The generosity of the Mecklenburg County Sheriff's Department provided funding for a second video entitled: "Drug Treatment Court: Case Managing Recovery." This video focuses on the various roles carried out by court personnel, Treatment and Probation, in order to achieve the intensive involvement with DTC participants proven to be so successful in drug courts across the nation.

The Mecklenburg DTC continues to evaluate its program operations always striving to enhance and expand its services to meet participants' needs. The five Adult Criminal DTCs continue to increase the number of participants served each year, in spite of the on-going threats to program funding.

ADULT DRUG TREATMENT COURTS

New Hanover County DTC ? Judicial District 5

General Description				
Type of Court	Post-sentence			
Court Level	District Court			
DTC Coordinator	Penny Craver Phone: 910-341-1501			
Presiding DTC Judge	James H. Faison, III			
Other members of the DTC Core Team include:	Case Managers <i>Hope Moore (Prostitution Project, GCC Grant); Denise Smith, part-time</i> Assistant DA: <i>Patrick Roberts</i> Probation Officer: <i>Dawson Rhoad</i> Defense Attorneys: <i>Jana Lucas; Randall Rusch</i> Treatment Provider: <i>Willie Miles, Coastal Horizons Center</i>			
Court Implementation Date	May 1997; Came under AOC oversight and funding Sept. 1999			
Budget Summary				
Fiscal Administrator	North Carolina Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$77,399.34	\$19,666.66	\$3,500*	\$97,066
Budget Description				
The New Hanover County DTC budget currently is funded through a state appropriation of \$77,399.34. A Governor's Crime Commission grant awarded to the AOC provided \$19,666.66. A total of \$3,500 in local monies and in-kind services funded the first Drug Treatment Court banquet in June, 2004. (These funds are not included in the total budget as they were actually raised and spent during the previous fiscal year.)				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	32	37	52	
Active Participants at End of CY	31	41	37	
Graduations	8	7	13	
Terminations	17	19	26	
Total Served [= Active Participants + Graduations + Terminations]	56	67	76	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	70%	72%	66%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	32%	27%	33%	
Participant Fees Collected	\$660	\$4,065	\$1,070	
Data Description				
During 2004, the New Hanover DTC served 76 participants with a 66% retention rate and 13 graduates. At the end of the year, 37 participants were active. A total of \$1,070 in participant fees was collected in 2004. This figure is lower than that of 2003 because more female clients were referred to the New Visions treatment program in 2004 and clients are not charged directly for this program.				

ADULT DRUG TREATMENT COURTS

New Hanover County DTC ? Judicial District 5 ? *Continued*

Court Highlights

Over the past year the New Hanover DTC has seen a significant increase in referrals, increased community support, and continuation of the prostitution project in cooperation with the Wilmington Police Department. During May, in observance of National Drug Treatment Court Month, the court received local television coverage and designation of May as Drug Treatment Court month by the County Commissioners. In June, the first local Drug Treatment Court banquet, funded entirely through local support, featured remarks by North Carolina First Lady Mary Easley and recognized the program's local impact. Current plans are to make the banquet an annual event. The New Hanover County public information office produced an informational video on the local court, which is broadcast periodically on the local access cable channel. Local merchants continue to actively support the DTC by providing coupons, which participants receive as tangible rewards for their progress. These rewards, presented during court sessions, include coupons or gift certificates for restaurant meals, movies, sports activities, car washes and other goods and services.

Administratively, the most significant program change in 2004 was the relocation of the DTC office from the private, non-profit Coastal Horizons Center to the New Hanover County Trial Court Administrator's Office. The physical location of the DTC office is now in the county law enforcement center, in space donated by the New Hanover County Sheriff's Department. Not only did this move address the potential conflict of interest situation arising from the referral of DTC clients to treatment at Coastal Horizons Center, but it also represents a savings of approximately \$7,000 per year in rent, utilities and maintenance costs.

Taking advantage of improved communication with several treatment programs in the Wilmington area, the DTC has been able to provide treatment better suited to individual needs. Increased awareness and knowledge of DTC among defense attorneys, probation officers and the general public has produced a marked increase in inquiries, referrals and participants. But this increased interest also has pointed up the need for additional staff, if the program's credibility and impact level are to be maintained.

A grant from the Governor's Crime Commission is funding a special project to address the serious and growing problem of addicted prostitutes in Wilmington. This challenging program, which includes a residential component and a school for "johns", enrolls eligible prostitutes into DTC. The project includes funding for a case manager whose time is dedicated to working exclusively with females enrolled in the special program.

In addition to the case manager working with the special prostitution project, a part-time (20 hours per week) case manager provides assistance to the Drug Court coordinator. As valuable (and critical) as the work of this case manager is, the 20 hours per week are hardly enough to free up the Coordinator to focus on program issues while simultaneously addressing client problems and needs in the role of case manager. Consequently, the Coordinator is unable to devote adequate time to pursuing local funding, strengthening the involvement of the Local Management Committee or researching the feasibility of developing either a Superior Court DTC or DWI Court or beginning a DTC in Pender County. With a full-time case manager on staff, the Coordinator may pursue local funding through the Cape Fear Community Foundation, the Cape Fear Memorial Foundation, the local ABC Board, and local churches and civic groups, many of whom seem willing to support specific client assistance requests for emergency housing, medical care, clothing, and transportation.

As the local mental health agency moves to eliminate its direct treatment services, it seems quite likely that the local ABC Board will amend its policy of providing all ABC funds designated for the treatment of addiction to the mental health agency. New Hanover County DTC staff and the Local Management Committee will continue and increase efforts to be identified as the most appropriate recipient of these local ABC funds when such a change in the allocation process takes place.

ADULT DRUG TREATMENT COURTS

Orange County DTC ? Judicial District 15B				
General Description				
Type of Court	Post-Sentence			
Court Level	District Court			
DTC Coordinator	Courtney Kennedy Phone: 919-644-3322			
Presiding DTC Judge	Joseph M. Buckner			
Other members of the Core Team include	Project Director: <i>Marie Lamoureaux</i> Ass't. D.A.: <i>Beverly Scarlett, Jacqueline Perez</i> TASC Director: <i>Bobby Spence</i> Case Manager: <i>Jeff Locke, TASC Case Manager</i> Defense Attorney: <i>Lauren Dickerson</i> Public Defender's Office: <i>Natasha Adams</i> Probation Officer: <i>Bobby Perry</i> Law Enforcement: <i>Matt Sullivan, Phil Smith, Larry Faucette</i> Treatment Provider: <i>Arjun NiCastro, Freedom House IOP</i>			
Court Implementation Date	August 1, 2002			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$20,443.09	\$61,329.27	0	\$81,772.36
Budget Description				
Orange County Drug Treatment Court (OCDTC) received a Governor's Crime Commission (GCC) 2 nd year funding grant for fiscal year 2004-2005. OCDTC also benefits from CJPP state treatment funds. These funds serve as the 25% cash match required for GCC funding. The grant provides for the DTC Coordinator's salary, office support, and treatment funds.				
Data Summary				
Calendar Year	2003		2004	
New Admissions	10		22	
Active Participants at End of CY	8		18	
Graduations	1		2	
Terminations	3		9	
Total Served [= Active Participants + Graduations + Terminations]	12		29	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	75%		69%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	25%		18%	
Participant Fees Collected	\$746.00		\$5,157.00	
Data Description				
During 2004, Orange County DTC served 29 participants graduating two participants. DTC admitted 18 new offenders and terminated 9 offenders, which resulted in a 69% retention rate. However, 3 of the 9 offenders were neutrally terminated and transferred to other programs that were more appropriate for their needs, and 1 of the 3 offenders resulted in a reentry into DTC. Participant fees collected are \$5,157.				

ADULT DRUG TREATMENT COURTS

Orange County DTC ? Judicial District 15B ? *Continued*

Court Highlights

The year 2004 was a year that celebrated several accomplishments in Orange County Adult Drug Treatment Court. In May 2004, the News & Observer printed an article that highlighted one of Orange County Drug Treatment Court's (DTC) participants and the success of therapeutic courts in North Carolina. In addition, the web-based DTC MIS was made available to Orange County DTC, which provided easier access to participant information by the team members. In July 2004, Orange County, through the Administrative Office of the Courts, received a grant extension from the NC Governor's Crime Commission for an additional year. This grant will continue to support the Drug Treatment Court Coordinator's salary. With this extension, the targeted number of offenders admitted in DTC increased to 30 for the 2004-2005 fiscal year. As of December 31, there were 7 new admissions in FY 04-05. Furthermore, at the end of the year, Orange County had 18 active participants, 3 participants were in residential treatment outside of the county. The District Attorney's Office and defense attorneys were major referral sources for DTC. In September 2004, there were several community outreach activities for this court. A presentation on Orange County DTC and Community Resource Court (CRC) was held at the Chapel Hill Police Department. This provided an opportunity for information to be relayed to various department supervisors in order for them to have a better understanding of the two therapeutic courts. Also, Wal-mart donated five \$10 gift cards to help provide incentives to participants of DTC. On September 22, in collaboration with Alcohol and Drug Services, DTC sponsored a recovery event in front of the Chapel Hill Courthouse with games and prizes. This event was also a chance for the participants of this court to get involved in informing the community and area businesses about addiction and the court. In December 2004, DTC was able to engage Toys for Tots to aid in providing gifts for those participants who signed up for the program.

DTC had 2 graduations in 2004 with two scheduled for graduation in January and one in the month of February. Orange County DTC is in the process of implementing an Alumni Association. Alumni and those involved in Phase IV of the program are involved in the implementation process, as well as, some DTC team members. TASC continues to provide case management, and treatment is provided through Freedom House IOP. The DTC Team consisted of the judge, a district attorney, public defender, probation officer, TASC case manager, treatment, project director, and the DTC coordinator. The team experienced other changes as the assistant public defender for this court left the PD Office and was replaced by someone who had experience working with DTCs in Person County. We feel this individual will contribute greatly to this court. The team continues to meet prior to every Drug Treatment court, which is held every 2nd and 4th Wednesday of the month, and also meets monthly to discuss various court functions.

ADULT DRUG TREATMENT COURTS

Person/Caswell Counties DTC ? Judicial District 9A				
General Description				
Type of Court	Pre-plea and Post-sentence			
Court Level	District Court			
DTC Director	Dr. Alfred M. Faulkner Phone: 336-597-0505			
Presiding DTC Judge	The Honorable Mark E. Galloway			
Other members of the DTC Core Team include:	Assistant D.A.: <i>Hugh Williford</i> Defense Attorneys: <i>Tom Fitzgerald; J. Stultz</i> Probation Officer: Geffory Bran Law Enforcement: Representative from Sheriff and Police Dept. Clinical Treatment Provider: <i>Life Changes, Inc.</i> Case Manager: None			
Court Implementation Date	July 1, 1996			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$70,750	\$27,250	0	\$98,000
Budget Description				
The Person/Caswell County DTC budget currently is funded through a state appropriation of \$70,750. A Governor's Crime Commission grant awarded to the AOC provided \$27,250. The total budget for fiscal year 2004-05 is \$98,000. As of October 1, 2004 the Administrative Office of the Courts manages the budget for the Person/Caswell DTC.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	35	46	61	
Active Participants at End of CY	19	34	36	
Graduations	14	6	10	
Terminations	31	27	22	
Total Served [= Active Participants + Graduations + Terminations]	64	67	68	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	52%	60%	68%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	31%	18%	32%	
Participant Fees Collected	\$1,390	\$3,840	\$5,135	
Data Description				
During 2004, Person/Caswell DTC served 68 participants with a retention rate of 68% and 10 graduates and 36 active participants at the end of the year. A total of \$5,135 participant fees were collected in 2004.				

ADULT DRUG TREATMENT COURTS

Person/Caswell Counties DTC ? Judicial District 9A ? *Continued*

Court Highlights

Judge Galloway completed his third year as the DTC judge. Participant numbers in 2004 continued to increase and the Local DTC Management Committee continued to meet regularly. It has been a year of changes and challenges for the court. As of October 1, 2004 the administration of the court changed from Person County Government to the Administrative Office of the Courts. As with any change, this transition has not come without challenges. As we work through these challenges, it is my hope that things will return to normal before the end of this fiscal year. Since November we have been operating with the assistance of a Case Manager, as the one we had resigned and we are still in search of a replacement. Stakeholders are still involved and doing all they can to make a positive impact on clients and client numbers. Our DTC sessions are continuing to meet bi-weekly and our court date remains on Mondays. As a two county area, Judicial District 9A provides services to participants residing in Person and Caswell Counties. This is a unique situation, and we continue to manage it by providing services to Caswell County on certain days of the week and Person County the other days. Because Person County comprises our largest number of participants, we attempt to always keep a staff person available in that area. The court session for Caswell is held on Wednesday and our major court session is held on Monday in Person County. With a limited staff, Community Corrections is doing an excellent job assisting the Drug Treatment Court with drug screenings, monitoring of clients, referrals and residential treatment placement assistance. Law enforcement continues to monitor our participants from the streets. Our new Police Chief and has assured us that he and his staff will to do all that they can to refer clients and make sure that clients are keeping curfews and not hanging out in drug areas or are seen in activities that they feel are unbecoming of DTC participants. Law enforcement in both counties is very quick in getting those who have OFAs off the streets. Since the paperwork involved for attorneys have been streamlined, attorneys are becoming a very reliable source of referrals. We continue to have bi-weekly reports for DTC Judges on each participant, a weekly docket printed and available for probation officers along with a report on their participants who are in DTC and law enforcement receives an update of all names, addresses, and telephone numbers of DTC participants. Court officials and community members are beginning to see DTC as a very viable option for offenders/defendants and continue to refer them to us for treatment assistance needed to make them more productive citizens and employees. We have an alumni group that have taken on the responsibilities of making sure that N/A, A/A and other support group activities are available for the clients and that they have reliable transportation to meetings. Our Treatment Provider has relocated to the downtown area and is within walking distance of our office. This has made an impact on clients who live in the downtown area and walk to treatment and other meetings. Both regular and intensive outpatient treatment is provided to participants as well as long-term treatment through state and private residential treatment facilities. Clients attend court and other DTC scheduled meetings on a regular basis and Educational and employment opportunities are made available to clients through the local community college and employment agencies. At present we have six participants enrolled in curriculum classes and one in the GED program at the local community college. Clients take advantage of Employment opportunities and as a result, they are paying restitution to victims, DTC fees and carrying out other social and financial requirements.

ADULT DRUG TREATMENT COURTS

Randolph County DTC ? Judicial District 19B				
General Description				
Type of Court	Post-Sentence			
Court Level	District			
DTC Director	Pam Hill Phone: 336-683-8210			
DTC Coordinator	Mike Scarce Phone: 336-683-8208			
Presiding DTC Judge	William M. Neely			
Other members of the Core Team include:	Ass't. D.A.: <i>Steve Motta</i> Defense Attorney: <i>James Hill; Pete Oldham</i> Probation Officer: <i>Brian Sugg</i> Law Enforcement: <i>Gary Mason; Litchard Hurley</i> Treatment Provider: <i>Joe Goldston</i> Case Manager: <i>Sue McKendry</i>			
Court Implementation Date	March 26, 2002			
Budget Summary				
Fiscal Administrator	Randolph County			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$50,000	\$27,000	\$14,000	\$91,000.00
Budget Description				
The Randolph Drug Treatment Court received \$36,000 from GCC, reimbursed at 75%, or \$27,000, with a 25%, or \$9,000, local cash match from ABC funds, totaling \$14,000. We also received a \$50,000 annual funding allotment from the General Assembly. The budget for FY 2004-05 was \$91,000 of actual reimbursement funds.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	8	5	12	
Active Participants at End of CY	6	4	9	
Graduations	N/A	3	2	
Terminations	2	4	3	
Total Served [= Active Participants + Graduations + Terminations]	8	11	14	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	N/A	64%	78%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	N/A	43%	40%	
Participant Fees Collected	N/A	\$1,020	0	
Data Description				
The Randolph DTC admitted 12 new participants in 2004 and ended the year with 9 active participants. Only supervision and restitution fees were collected.				

ADULT DRUG TREATMENT COURTS

Randolph County DTC ? Judicial District 19B ? *Continued*

Court Highlights

The Randolph Drug Treatment Court accepted its first participant on March 26th, 2002. All Core Team members have continued to donate their time in anticipation of future funding. In September 2004 we hired a coordinator and secured a dedicated probation officer, which allowed us to remove the cap on admissions and increase caseload size to a new maximum of 35 participants. With the addition of a coordinator our referral numbers have grown immensely and we are accepting an average of 4 new participants a month since November. In 2005 our projected caseload of 25-35 participants should be obtained. TASC provides case management and Goldston Substance Abuse Services is our treatment provider. Educational and employment programs are provided through the Day Reporting Center. There is also a strong alliance with various community organizations such as the Christian United Outreach Center and Vocational Rehabilitation Services. We have also partnered with the local community college to provide free vocational classes such as automotive repair, welding, and brick masonry.

ADULT DRUG TREATMENT COURTS

Wake County DTC ? Judicial District 10				
General Description				
Type of Court	Post-sentence			
Court Level	District Court			
DTC Coordinator	Nathaniel Gay / Amy Bauer Phone: 919-754-9422			
Presiding DTC Judge	James R. Fullwood			
Other members of the DTC Core Team include:	Case Manager: <i>Marcia Hamilton</i> Treatment provider: <i>Beverly Pacos and Karee Redman of North Carolina Behavioral Health Services</i> Assistant D.A.: <i>Rosa Dula</i> Defense Attorneys: <i>Bryan Collins</i> Probation Officers: <i>Pam Fishel</i>			
Court Implementation Date	Superior Court - May 24, 1996 District Court - October 22, 1999 Combined Superior and District Courts - July 2001			
Budget Summary				
Fiscal Administrator	Carolina Correctional Services, Inc. (<i>Todd Edwards, Administrator</i>)			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$63,875	\$46,125	\$84,266	\$194,266
Budget Description				
The Wake DTC received \$63,875 in State funding in FY 2004-05. A Governor's Crime Commission grant awarded to the AOC provided \$46,125. Donations from the ABC Board came to the Wake Adult DTC as a part of a donation to CCS, which represented 70%, or \$59,228 of the Local category above. The balance of the \$25,038 of local funds was DTC collection in the current year plus a fund balance from FY 2003-04.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	68	49	48	
Active Participants at End of CY	45	40	32	
Graduations	25	20	20	
Terminations	47	34	33	
Total Served [= Active Participants + Graduations + Terminations]	117	94	85	
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	60%	64%	61%	
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	35%	37%	38%	
Participant Fees Collected	\$10,650	\$8,873	\$12,516	
Data Description				
During 2004, the Wake DTC served 85 participants with a retention rate of 61% and 20 graduates. There were 32 active participants at the end of the year. A total of \$12,516 in fees was collected from the participants.				

ADULT DRUG TREATMENT COURTS

Wake County DTC ? Judicial District 10 ? *Continued*

Court Highlights

The Wake DTC, which was developed and is maintained by the leadership of Carolina Correctional Services, Inc. (CCS), continues to utilize a highly efficient team approach to enhancing the recovery efforts of the DTC participants. In July 2001, CCS management and the Local DTC Management Committee consolidated the Superior Court and District Court DTCs into one DTC to maximize resources and staff. The consolidation has proven to be successful and has allowed the Core Team players to continue their well-defined roles under to leadership of the DTC Presiding Judge. North Carolina Behavioral Health Services, the DTC Treatment provider, works closely with the DTC team to enhance and modify the intensive outpatient treatment curriculum. The Living in Balance Curriculum (a cognitive behavioral approach) is consistent with the Division of Community Corrections (DCC) supervision and case management models. This uniform and effective approach to participant rehabilitation and recovery continues to be a strategy and model, which maintains Core Team cohesiveness. The Core Team meets quarterly to evaluate and assess goals and objectives. The Core Team also meets biweekly to discuss participant progress. The Core Team has been focusing their efforts on enhancing treatment strategies for participants involved in the aftercare phase and implementing an alumni group on a regular basis. The Core Team is always working at finding alternatives to jail sanctions. Treatment providers have established a new phase requirement consisting of mandatory individual sessions during Phase 2. In addition to the individual sessions in Phase 2, one-on-one meetings with participants who need extra support and have relapsed will also be available. Aftercare participants and graduates are also asked to assist new and potentially non-compliant participants as a way to mentor them until additional support has been established. With the assistance of mental health services at NC Behavioral Health Services, participants are being best served with guidance and support from mental health counseling and physicians' medication management and appointments. The implementation of an alumni function on a quarterly basis has been developed. DTC holds quarterly functions to enhance sober leisure, practice socialization and communication, and to develop a network of support.

YOUTH TREATMENT COURTS

YTC BACKGROUND

Youth Treatment Court (YTC) focuses on juvenile delinquency (e.g., criminal) matters and status offenses (e.g., truancy) that involve substance-abusing youths. YTC works with non-violent, juvenile offenders whose drug and/or alcohol use is negatively impacting their lives at home, in school and the community.

The YTC is designed to provide immediate and continuous court intervention that includes requiring the child to participate in treatment, submit to frequent drug testing, appear at frequent court status hearings, and comply with other court conditions geared to accountability, rehabilitation, long-term sobriety and cessation of criminal activity.

YTC GOALS

The underlying premise of the Youth Treatment Court is to provide immediate treatment interventions for youth, using drugs and/or alcohol, and their families and to provide structure for the participants through the on-going, active involvement and oversight of the treatment court judge and court-based team. Common goals of youth treatment courts therefore include: providing youth with an opportunity to become clean and sober; constructive support to aid them in resisting further criminal activity; support to perform well in school and develop positive relationships in the community; providing skills and interventions to support and develop healthy family relationships and skills that will aid them in leading productive, substance-free and crime-free lives.

YTC PROGRAM OPERATIONS

Youth Treatment Courts are operational in Durham (District 14), Forsyth (District 21), Mecklenburg (District 26), Rowan (District 19C), and Wake (District 10) counties. In Table 5, a list of YTC jurisdictions by program implementation date is found along with the presiding judge and the type of program. All YTCs are post-adjudication.

All North Carolina YTCs work with youth under the supervision of the NC Department of Juvenile Justice and Delinquency Prevention (DJJDP). DJJDP designates one or two court counselors to work intensively with the YTC youth participants and their families in each jurisdiction. The court counselor is an integral part of the YTC Core Team that includes a certified juvenile court judge, the YTC case coordinator, a juvenile defense attorney, an assistant district attorney and a variety of treatment professionals. Treatment is provided differently in each court but each program is working towards accessing and utilizing good individual/family evaluations to drive treatment placement decisions. Courts located in jurisdictions with MAJORS programs are encouraged to work closely with that treatment program especially designed to work with substance abusing juvenile offenders. Each YTC expects parental involvement and provides services and education to parents either through their inclusion in family treatment sessions, required parenting classes (attended with their teens) and/or other family focused programming.

Table 5: N.C. Operational Youth Treatment Courts

Drug Treatment Court	Presiding Judge(s)	Type of Court	Court Implementation Date
Judicial District 10 Wake County	Robert B. Rader District Court Judge	Post-adjudication YTC	October 30, 1998
Judicial District 14 Durham County	Marcia H. Morey and James T. Hill District Court Judge	Post-adjudication YTC	November 9, 2000
Judicial District 19C Rowan County	Charles E. Brown Chief District Court Judge	Post-adjudication YTC	May 15, 2002
Judicial District 21 Forsyth County	William B. Reingold Chief District Court Judge	Pre- & Post-adjudication YTC	January 5, 2003
Judicial District 26 Mecklenburg County	Louis A. Trosch District Court Judge	Post-adjudication YTC	January 28, 2003

Highlights of the Youth Treatment Court Program during CY 2004

- Youth DTCs served 152 participants during 2004, an increase of over 25% from 2003.
- Wake Juvenile Drug Treatment Court continues to operate on no direct funding. The court has significantly altered their operations to include the use of multi-systemic therapy with their high-risk participants.
- The Mecklenburg YTC continues to work with youth and families, involved in the juvenile justice system with complex treatment needs, by implementing and enforcing the holistic case plans developed in Child and Family Team meetings.
- The Durham YTC received an award from Durham County for its excellent work with youth and families served by the YTC.
- Durham and Forsyth YTCs have expanded the resources available to serve their clients.
- The YTC MIS project was completed in late 2004. Data from July 1, 2003 to the present is included in the MIS.
- The state DTC office contracted with Innovation, Research and Training, Inc. and its president, Dr. Janis Kupersmidt, to conduct preliminary work related to completing a cross-site YTC/JDTC outcome evaluation.
- The five YTCs will participate in a scientifically rigorous outcome evaluation of their effectiveness in 2005 – 2007. The results of the evaluation will be nationally significant as their have been almost no scientific outcome evaluations conducted on this population.

Development of an Automated Youth Management Information System (MIS)

In mid-October, 2003, with funds received through a 2002 – 2004 Drug Court Program Office grant, the AOC entered into a contract with CMA Technologies, to create a brand new MIS for Youth Treatment Court participants. The development of the Youth MIS occurred very similarly to the phases of development in the Adult MIS. One difference between the Adult and Youth MIS development is the lack of grant funds AOC had in order to develop all the MIS reports originally desired. Currently, there are 23 printable reports, which are a combination of participant, program, and statewide reports. However, the hope is to add additional reports with the funds from another grant in the near future.

Unlike the adult migration of data, data for the youth MIS had to be input by hand, causing it to be very time consuming. There were about 140 detailed participant records that

required entry into the new web-based system. Users were without their active caseload for a brief period of time, occurring soon after a court hearing.

Currently, only the Case Coordinators, Court Counselors, and Directors have been trained on the Youth MIS. One training session for these team members was held in Raleigh on November 1st and 2nd, 2004. A drafted manual for the MIS was distributed along with training notes. The second phase of trainings will be conducted for all the members of the DTC team in the near future. A staff member from the DTC Office will be sent to the five YTC counties to implement a training session. During these training sessions all the users will be provided the knowledge to quickly and easily input and pull the MIS information. When all trainings are complete, the AOC would like to hold a MIS evaluation meeting to discuss changes users would like to see implemented in the YTC MIS.

YTC BUDGET INFORMATION

All youth treatment courts in North Carolina utilize treatment funding streams attached to DMHDDSAS “target population” state funding, Medicaid, the Comprehensive Treatment Services Program, Health Choice, and MAJORS to pay for individual treatment for YTC participants. Durham, Forsyth and Rowan all received Bureau of Justice Assistance grants. Durham and Forsyth’s funding will expire in 2005 and Rowan’s will expire in 2006. Mecklenburg received the first state funding for their court during the 2004 legislative short session. Wake JDTC lost all local funding and is currently operating on existing staff and state treatment funding streams.

These courts effectively leverage existing state resources such as Medicaid, state child and family mental health/substance abuse treatment and juvenile court counselors to maintain high-needs juvenile offenders in their home community while ensuring that the youth participant and family receive the treatment and support they need. Despite this cost-effective and integrated approach to providing services and supports, the courts are in very real danger of closing without small but reliable funding to support court staff and additional treatment needs.

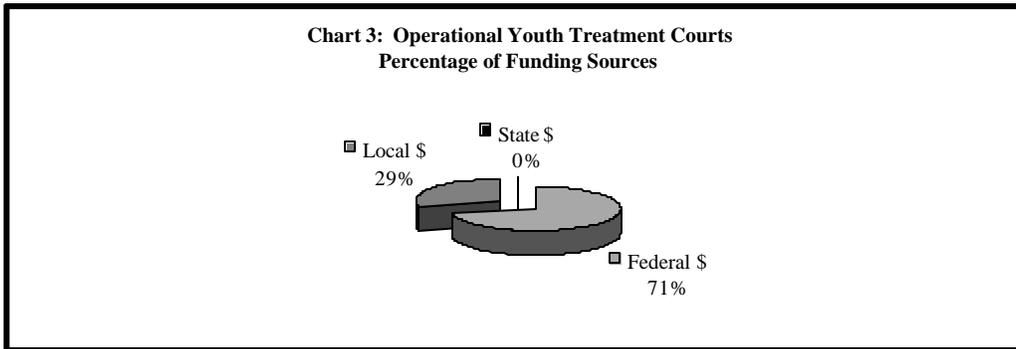
The position of the state Youth and Family Treatment Court specialist was made a state-funded position in 2004 but then the person in that position was promoted to state DTC Manager effectively leaving the Youth and Family position unfounded and unfilled. In fall 2004, the state drug treatment court office received a federal grant to implement a two-year outcome evaluation of youth treatment courts.

Table 6 provides a summary of the funding amounts and source of funding for each operational YTC for FY 2004-05. The total amount of FY 2004-05 funding for YTCs is \$728,602.

Table 6: Operational Youth Treatment Courts Budget Summary for FY 2004-05				
County (Judicial District)	State \$	Federal \$	Local \$	TOTAL \$
Durham (14)	0	145,114	51,648	196,762
Forsyth (21)	0	109,047	38,100	147,147
Mecklenburg (26)	0 ^a	100,904	74,051	174,955
Rowan (19C)	0	164,621	0	164,621
Wake (10)	0	0	45,117	45,117
TOTAL \$	\$0	\$519,686	\$208,916	\$728,602

^a Mecklenburg YTC was allocated \$162,000 by the General Assembly for FY 04/05. The local commitment to this program through emergency funding for FY 04/05, coupled with the extreme need for funds in the Adult DTC Program, resulted in a redistribution of those funds by the AOC, on a one-time basis, to the Mecklenburg County Adult DTC Program for FY 04/05..

Chart 2 presents the funding percentages from each government sector. The federal government has contributed significantly to Youth Treatment Courts in Durham, Forsyth, Mecklenburg, and Rowan counties at 71%. Additionally, local governments have made considerable contributions to Youth Treatment Courts in each of the five counties.



YTC EVALUATION

Youth Treatment Courts are relatively new programs (nationally, the first courts were implemented six to seven years ago with the bulk of the courts implemented in only the last two to three years) and have therefore had few outcome evaluations conducted. The preponderance of data and evaluations available about youth treatment courts or juvenile drug treatment courts has been “process” evaluations. Following is information regarding North Carolina’s YTC evaluation status, statewide summary statistics, and some national research findings for YTCs.

NC Youth Treatment Courts Outcome Evaluation

On December 10th, 2004, a competitive request for proposals (RFP) was posted for an outcome evaluation of North Carolina Youth Treatment Courts. This evaluation is designed to move the relatively new courts towards evidenced-based practices. The courts will be evaluated for their effectiveness in reducing substance abuse, criminal behavior and re-arrest rates and in improving mental health and social functioning of participants. Some of the specific issues to be addressed include: recidivism in graduates versus non-graduates, the likelihood of reoccurring substance abuse in participants versus non-participants, factors that predict positive outcomes, such as family and treatment variables, and the similarities and differences in the functioning of the five NC Youth Treatment Courts. Data will be drawn from the AOC Youth Management Information System (MIS) and ACIS records, Client Data Warehouse in the NC Department of Human Health and Human Services, MAJORS Assessment System (MAS), and NC JOIN from the Department of Juvenile Justice and Information Network. The RFP closing date is January 10th, 2005.

The North Carolina Youth Treatment Court Outcome Evaluation will provide a measure of the effectiveness of current YTC practices. Furthermore, the AOC hopes to glean information regarding weaknesses or inadequacies in reaching the target population, where improvements can be made. Finally, it is hoped that this outcome evaluation can be utilized as a model for the sustainability of current courts and for the development of future Youth Treatment Courts in North Carolina and the nation as a whole.

2004 Summary Statistics for YTCs

Table 7 provides the aggregate number of new admissions, active participants at the end of the year, terminations, participants served, retention and graduation rates, days youth spent in residential treatment, hours youth spent in community-based treatment, and community service hours completed by youth.

During 2004, the YTCs admitted a total of 108 new participants, which is a 35% increase from the number in 2003. The active caseload at the end of the year was 156, more than a 25% increase from the 2003 caseload. Twenty-three youth graduated from the YTC program for a graduation rate of 28%. The overall retention rate decreased from 72% to 62%. (The retention rate is derived from the number of active participants and graduates during the year divided by the total number of participants served during the year.) The change in retention rates within the courts can be attributed to changes in court operations. Wake Juvenile Drug Court underwent a major shift in court administration, operation and admission policies during 2004. We expect the youth treatment courts to stabilize in the coming year. Sixty youth were terminated from the YTC. Total days spent in residential treatment by YTC participants was 2,652 days, and the total hours that the YTC youth spent in community-based treatment was 1,614 hours. The youth completed 648 hours of community service while in the program.

Table 7: Youth Treatment Courts Summary Data

Calendar Year	2002^a	2003^b	2004
New Admissions	31	80	108
Active Participants at end of CY	27	71	73
Graduations	16	15 ^c	23
Terminations	25	34	60
Total Served [= Active Participants + Graduations + Terminations]	68	120	156
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	63%	72%	62%
Graduation Rate [= Graduations ÷ (Graduations + Terminations)] ^c	39%	31%	28%
Total Days Youth Spent in Residential Treatment	3,592	5,901	2,652
Total Hours Youth Spent in Community-based Treatment	5,989	7,248	1,614
Total Hours of Community Service Completed by Youth	366	1,397	648

a Data is only for YTCs operational for entire CY 2002 (Durham and Wake Counties)
b Data is included for YTCs that were operational for the entire CY 2003 (Durham, Forsyth, Mecklenburg, Rowan, and Wake Counties).
c Includes only data for Wake, Durham and Rowan counties because the YTC is a minimum one year program and Forsyth and Mecklenburg had not been operational for a full year on Dec. 31, 2003.

National YTC Research Findings

A December 2002 Cost Benefit Estimate of North Dakota's Juvenile Drug Court (Thompson, 2002) looked at recidivism rates for youth completing a Juvenile Drug Court (N=56) in comparison to those who met JDTC eligibility in a neighboring and similarly situated jurisdiction (N=44). One year following participation in the JDTC/juvenile court, the drug court group recorded a recidivism rate of 27.3% while the comparison group recorded a rate of 54.5%. Two years post-program involvement drug court participants recorded a recidivism rate of 36.4% compared to 68.2% for the comparison group. Using cost estimates recommended by the

Federal Drug Court evaluators (Cohen's Index I offense costs), Thompson was able to estimate that the JDTC participants cost the community an average of \$991 in victim and court costs due to committing a new offense. The comparison group averaged \$2,105 in victim and court costs. Assessed over a period of five years, the drug court group would realize a recidivism cost savings of \$312,000.

A related study conducted by Thompson examined the costs of administering a JDTC (average cost of \$14.73/day) relative to placing a substance abusing juvenile in a North Dakota Correctional Center (\$120/day) or an out-of-home residential treatment facility (\$100/day).

A Delaware evaluation included all juveniles who were admitted to the juvenile drug diversion program in two Delaware counties at the end of the first quarter of 1999 (O'Connell, Nesterode, & Miller, 2000). A matched comparison group was constructed for all 154 juveniles in both counties. The Delaware evaluation examined two outcomes, recidivism and graduation. The recidivism rates for the participant group while in drug court was 25.9% (N=336) and 36.4% for the comparison group (N=154) (O'Connell, et al, 2000). The evaluation also attempts to capture recidivism rates of both groups 12 and 18 months out of the program. Twelve months after graduation/termination, the successful completion group had a recidivism rate of 23%, the unsuccessful group had a rate of 75%, and the comparison group's recidivism rate was 51% (Shaw & Robinson, 1998). After 18 months, the participant group that had successfully completed the program had a recidivism rate of 47.7%, the non successful program participants had a 67.3% rate, and the control group had a recidivism rate of 60.5% (O'Connell, et al, 2000). The other outcome measured was graduation. Of the 401 youth admitted to the program by the end of the first quarter of 1999, 65 participants were still active, 218 had successfully completed it, and 118 had failed to complete it successfully (Miller, Scocas, & O'Connell, 1998). This results in a completion rate of 64.9%.

The Summit County, Ohio evaluation is another of the few outcome evaluations done on a juvenile DTC to date. Only 27 experimental subjects and 13 control subjects had available rearrest data (Belenko, 2001). Further, the follow up period of past admission was only 6 months. Therefore, it is important to consider the evaluation results as preliminary. There was one rearrest in the DTC group, while the control group averaged 2.3 (Belenko, 2001). Among the participants, 11% had 3 or more new charges compared to the control group with 46%. In addition, as Belenko (2001) points out, the Summit County evaluation is notable for its use of experimental design of randomly assigning youth to DTC or standard adjudication.

INDIVIDUAL YTC PROGRAM HIGHLIGHTS

The program data and highlights presented in tabular form below were submitted by the local DTC program directors. In some cases, the DTC State Office Staff provided edits to enhance the flow of the intended communication, but not to alter it's meaning.

YOUTH TREATMENT COURTS

Durham County Youth Treatment Court ? Judicial District 14				
General Description				
Type of Program	Post-adjudication			
Court Level	Juvenile District Court			
Program Coordinator	Peter Baker Phone: 919-564-7205			
Presiding YTC Judge	James E. Hill/ Marcia Morey			
Other members of the YTC Core Team include:	YTC Case Manager: <i>Calvin Vaughan</i> Juvenile Court Counselor: <i>Sheilah Peterkin</i> Assistant District Attorney: <i>Christy S. Joyce</i> Public Defender: <i>Clayton Jones</i> Treatment Liaison: <i>Lori Meador, OPC</i> School Liaison: <i>Dreama McKoy</i>			
Program Implementation Date	November 7, 2000			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05		\$145,114	\$51,648	\$196,762
Budget Summary				
<p>The DYTC continues to operate under a Bureau of Justice Assistance grant, concluding it's FINAL year of funding. Third year funds are listed above, and includes line items for the full-time coordinator and ½ of the Director's salary. In requesting funds from the state office for our expansion budget, we anticipate it including these items. CTSP and MAJORS continues as significant contributors to treatment dollars and the recent structural change in our local Mental Health (LME) agency has been beneficial in serving this population.</p>				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	12	23	17	
Active Participants at end of CY	13	22	17	
Graduations	6	3	6	
Terminations	9	11	16	
Total Served [= Active Participants + Graduations + Terminations]	28	36	39	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	68%	69%	59%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	40%	21%	27%	

YOUTH TREATMENT COURTS

Durham County Youth Treatment Court ? Judicial District 14 ? *Continued*

Data Description

The Durham YTC served a total of 39 youth in 2004, the highest amount since its inception. The program ended the year with 17 active participants. The retention rate was lower than previous years, yet the graduation rates were up. This shows that the court is doing a better job at graduating youth and holding youth more accountable to the process. 2002 graduation rates were therefore deceiving, in that youth were graduated with limited time involvement in court. Over 2700 days of treatment was provided through inpatient and outpatient treatment. Over 650 urinalysis screens were administered, up from last year by 150 tests. Total community service hours offered in the community were over 450, consistent with previous years.

Program Highlights

The Durham Youth Treatment Court (DYTC) continues to identify and develop new ways of addressing juvenile justice youth who have significant substance abuse problems. This has led to a local citywide award granted by the City of Durham, in recognition of effective programs for youth. A banquet is scheduled in February to honor this award. The assigned Judge changed during 2004 to Judge Hill, who has been very effective with a mostly male population. The Systems of Care model in Durham was also touted as a very effective initiative in providing care to the family system.

Parenting groups and a ROPES course has enhanced our offerings to the participants. These sessions expose the participants to resources in the community, health education, life skills, and recreation. It also allows for personal dialogue that is non-existent in other treatment sessions. A process evaluation is scheduled for completion by the end of February in an attempt to conduct systemic and customer service evaluations of court effectiveness. DYTC has continued to collaborate with the Criminal Justice Department at North Carolina Central University that provides practicum opportunities for students at the rate of 100 hours per semester. These students have helped the Case Manager in his off-court week groups, transportation needs, and mentoring of youths, while learning how systems provide services for youth. Local support for client related services have been obtained through the addition on a non-profit group developed to support Drug Courts in this District. It's our belief that this court will experience it's best year in 2005 in individual and systems effectiveness. With the inclusion in the expansion budget for AOC, we should receive the budget support needed.

YOUTH TREATMENT COURTS

Forsyth County Juvenile Treatment Court ? Judicial District 21				
General Description				
Type of Program	Post-adjudication			
Court Level	Juvenile District Court			
Program Coordinator	Gene Williams Phone: 336-761-2242			
Presiding JTC Judge	William B. Reingold			
Other members of the JTC Core Team include:	Alternate Judge: <i>Lawrence J. Fine</i> YTC Case Coordinator: <i>Rick Anderson</i> Court Counselor: <i>Lloyd Booker, DJJDP</i> Ass't. D.A.: <i>Tim Severo</i> Defense Attorney: <i>Jerry Jordan</i> Treatment Provider: <i>HopeRidge Centers For Behavioral Health; StepOne Substance Abuse Services</i> Others: <i>Winston-Salem Forsyth Co. Schools; YWCA Right Turns For Youth; Forsyth County Sheriff's Dept.; Winston-Salem State University (Center for Community Safety)</i>			
Program Implementation Date	January 5, 2003			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	0	\$109,047	\$38,100	\$147,147
Budget Description				
The Forsyth Juvenile Treatment Court received a three-year federal grant from the Bureau of Justice Assistance (formerly handled under the Drug Courts Program Office). The second year award for FY 2004-05 was \$109,047 with a local, in-kind match of \$38,100.				
Data Summary				
Calendar Year	2003	2004		
New Admissions	15	21		
Active Participants at End of CY	12	16		
Graduations	0	7		
Terminations	9	6		
Total Served [= Active Participants + Graduations + Terminations]	21	29		
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	57%	79%		
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	N/A	54%		

YOUTH TREATMENT COURTS

Forsyth County Juvenile Treatment Court ? Judicial District 21 ? *Continued*

Program Highlights

In February 2004 the Forsyth JTC had its first graduation ceremony honoring four juveniles who successfully completed the JTC program. The second graduation was in July 2004 with three juveniles completing the program. Our third graduation is tentatively scheduled for Spring 2005. No juveniles graduated from the Forsyth JTC in 2003 as the first full year of court operations ended in January 2004. The Forsyth County Juvenile Treatment Court completed its second year of operations on January 5, 2005. During this second year we have continued to serve juvenile clients and their families through a variety of resources. Our commitment to holistic strategies by our Core and Treatment Teams has been very successful and we are seeing continued progress with our clients.

The Forsyth JTC Case Manager works very closely with HopeRidge Centers for Behavioral Health and Step One Substance Abuse Services (the two substance abuse providers in Forsyth County), for the delivery of appropriate treatment services to JTC clients and their families. HopeRidge provides comprehensive services to the JTC through the MAJORS Program, Family Stabilization, Intensive Dual Diagnosis Program, Multi-systemic Therapy and other programs. Step One provides extensive outpatient substance abuse services for the JTC clients. By having two substance abuse providers in the county, we are able to closely match clients with the most appropriate substance abuse provider.

Our Core team continues to meet bi-monthly to provide the JTC Judge with valuable resources and recommendations for our client's success. The Core Team consists of the JTC District Court Judge, Defense Attorney, Assistant District Attorney, JTC Court Director, JTC Court Coordinator, Court Counselor and Court Psychologist. Our Treatment Team, consists of representatives from each of our treatment providers (HopeRidge Centers For Behavioral Health and Step One Substance Abuse Services), a school social worker, a juvenile court counselor, a court psychologist, community service coordinator, and the Juvenile Treatment Court Case Coordinator. In addition, many other individuals are brought in on an as needed basis for advice and consultation so that we may best serve the needs of our clients and their families.

During 2004 we expanded the resources available to serve our clients. Parenting classes for our families was initiated through the Forsyth County Coalition for Drug Abuse Prevention. They provide individual and group parenting sessions for our families so that we may empower them to successfully work with their children. Also in 2004 a local Equine Therapy Program was able to obtain private grant funding to serve selected clients of the Juvenile Treatment Court. This has proven to very successful in helping some of our juveniles address their problems through empowerment strategies gained in working with horses.

Our Drug Court Judge has spearheaded a special project to add a mentoring program to the JTC. We are currently partnering with the faith-based community, Boys and Girls Club and other civic and professional organizations to provide one-on-one mentor volunteers for both our juveniles and parents. The partnership provides background investigations and matching of Mentors by the Boys and Girls club who then refer the selected mentors to the Juvenile Treatment Court. Recruiting of mentors is handled by the Juvenile Treatment Court.

The need for increasing referrals to the JTC by the Department of Juvenile Justice and Delinquency Prevention (DJJDP) has been identified. We are working closely with the Forsyth County DJJDP Office and the Winston-Salem Forsyth County Schools in providing referrals of potential clients in need of our services. Both agencies have responded positively and are working with us to identify juveniles for our program.

The focal point of our program continues to be the bi-monthly court sessions in which our Chief District Court Judge takes a personal interest in the progress of each of our clients. Incentives and sanctions are used by our court to immediately reward desired behaviors and punish behaviors needing to be changed. Meeting directly with our Judge twice monthly has proven to be a pivotal catalyst for change in our juveniles.

YOUTH TREATMENT COURTS

Mecklenburg County Youth Treatment Court ? Judicial District 26				
General Description				
Type of Program	Post-adjudication			
Court Level	Juvenile District			
Program Director	Janeanne Tourtellott Phone: 704-358-6216			
Presiding YTC Judge	Louis A. Trosch			
Other members of the Core Team include:	YTC Program Coordinator: <i>Donna Fair</i> YTC Court Coordinator: <i>Yolanda Morgan</i> Asst. D.A.: <i>Greg McCall</i> Defense Attorney: <i>Philip Penn</i> Court Counselor: <i>Natalie Williams</i> Treatment Provider: <i>Mecklenburg County Area Mental Health – Family Preservation Services</i> Charlotte-Mecklenburg Schools Representative: <i>Dr. Barbara Scarborough</i>			
Program Implementation Date	January 28, 2003			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$0	\$100,904	\$74,051	\$174,955.00
Budget Description				
Mecklenburg County's YTC program was primarily funded by a Governor's Crime Commission grant. This grant ended December 31, 2004. Mecklenburg County has provided funding that will meet the remaining budget requirements through June 30, 2005. The General Assembly allocated \$162,000 towards this program for FY 04/05. The local commitment to this program through emergency funding for FY 04/05, coupled with the extreme need for funds in the Adult DTC Program, resulted in a redistribution of those funds by the AOC, on a one-time basis, to the Mecklenburg County Adult DTC Program for FY 04/05.				
Data Summary				
Calendar Year	2004			
New Admissions	32			
Number Targeted	62			
Active Participants at End of CY	16			
Graduations	4			
Terminations	22			
Total Served [= Active Participants + Graduations + Terminations]	42			
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	48%			
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	15%			
Hours of Treatment Delivered	7,000.25			

YOUTH TREATMENT COURTS

Mecklenburg County Youth Treatment Court ? Judicial District 26 ? *Continued*

DATA DESCRIPTION

In 2004, the Mecklenburg County Youth Treatment Court provided services to 42 high-risk, juvenile offenders. Of those, four program participants completed the intensive yearlong program by meeting all treatment and court requirements and were able to successfully graduate resulting in a 15% graduation rate. The YTC program maintained a 48% retention rate, which although by many standards would not be considered high, but in relation to the population being served is an acceptable rate of retention. Currently, Mecklenburg County's YTC program has an active enrollment of 16 participants.

PROGRAM HIGHLIGHTS

The Mecklenburg County Youth Treatment Court (YTC) Program is designed to effectively address adolescent mental health and/or substance abuse issues by offering court involved participants immediate access to treatment services, case management, increased monitoring and system accountability.

Partnerships and active participation in the Core Team by the Charlotte Mecklenburg Schools, Police Department, Department of Social Services and Area Mental Health has fostered relationships that are increasing the likelihood of program and participant success. In an effort to continue the growth experienced by this team commitment, the Mecklenburg County YTC team has begun discussions with the local mental health provider (CMC-Randolph) to redesign the treatment model currently being used to make it more relevant to the client population being served. Additionally, as a result of the divestiture of mental health services, the YTC program has benefited by being one of the first groups to receive immediate access to network providers through the services contract by AMH to Family Preservation Services. This has resulted in an increased commitment to the team process and better advocacy for the clients and the program.

However, with all of the positives experienced over the past year, the YTC team and its participants continue to struggle because of the extremely large number of juveniles involved in the juvenile justice system and the limited number of authorized adolescent substance abuse providers in the LME's network, thereby limiting the immediate access to services. In addition, many of the YTC program participants have an established history with these providers that often times hinders their ability to access services and presents the need for alternative resources or out-of-network services that are currently unavailable to us.

Furthermore, additional concerns have continued to surface for the YTC team as we have come to understand that a large majority of the population that we serve are severely socio-economically challenged. This simple fact alone often makes it difficult, if not impossible, for participants and their families to focus on or even be concerned about interventions designed to address what they view as secondary issues of substance abuse, mental health and education when their basic needs for shelter, food and clothing go unmet. Also, as the juvenile justice population has continued to evolve at an amazingly rapid pace due to their exposure to more extreme violence, media and technological influences, the systems that serve them have essentially remained constant in responding through "traditional" methods. It often appears as if we are repeatedly trying to fit those proverbial "square pegs into round holes".

However, while being confronted by and attempting to address the many variables that have such a significant bearing on participant and ultimately program highlights, achievements and success, the YTC team is dedicated to being a catalyst for change through advocacy and by ensuring that we provide the most appropriate treatment and support available to program participants and their families so that these young people can have a better chance at growing up to become healthy, productive, and valued members of their respective communities.

YOUTH TREATMENT COURTS

Rowan County Juvenile Drug Treatment Court ? Judicial District 19C				
General Description				
Type of Program	Post-adjudication			
Court Level	Juvenile District Court			
Program Coordinator	Becca Stamp Phone: 704-633-3084			
Presiding YTC Judge	Charles E. Brown			
Other members of the Core Team include:	Ass't. D.A.: <i>Michelle Lowder</i> Defense Attorney: <i>Earl Koontz</i> Juvenile Court Counselor: <i>Tina Wyatt</i> Treatment Provider: <i>Daymark Recovery Services; Alternatives Counseling, Inc.</i>			
Program Implementation Date	May 3, 2002			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05		\$164,621		\$164,621
Budget Description				
The Rowan County Juvenile Drug Treatment Court pilot program continued to operate through 2003 with no additional funds. In late fall 2003, the court received a Bureau of Justice Assistance Juvenile Drug Court Implementation Grant of \$500,000 over three years. Grant funds, in combination with participants' private insurance, Comprehensive Treatment Services Program, Medicaid and MAJORS money, will maximize access to substance abuse treatment providers and allow for a full-time Coordinator.				
Data Summary				
Calendar Year	2003	2004		
New Admissions	6	11		
Active Participants at End of CY	8	16		
Graduations	5	1		
Terminations	0	2		
Total Served [= Active Participants + Graduations + Terminations]	13	19		
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	N/A	89%		
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	N/A	33%		
Participant Fees Collected	0	0		
Data Description				
In 2004, the Rowan County Juvenile Drug Treatment Court admitted 11 new participants. The Court graduated one remaining pilot phase participant and terminated the other pilot phase participant and one new admission as unsuccessful. Rowan County Juvenile Drug Treatment Court served 19 juveniles in 2004. At the close of the calendar year, 14 juveniles were actively participating, two were inactive in long-term placements.				

YOUTH TREATMENT COURTS

Rowan County Juvenile Drug Treatment Court ? Judicial District 19C ? *Continued*

Program Highlights

In February 2004, the Bureau of Justice Assistance approved the proposed budget and released funds to the Rowan County Juvenile Drug Treatment Court through the Administrative Office of the Courts. The Juvenile Drug Treatment Court established contracts with a non-profit agency, the Rowan County Youth Services Bureau, for the administration of local costs, and with local providers for substance abuse treatment services. During 2004, Rowan County Juvenile Drug Treatment Court added new participants and maintained a well-functioning court while transitioning from aspects of pilot phase operation, welcoming new team members, defining new roles, and achieving important elements of implementation. The Court looks forward to several graduations during the Spring of 2005 and emphasis on building community awareness.

YOUTH TREATMENT COURTS

Wake County Juvenile Drug Treatment Court ? Judicial District 10				
General Description				
Type of Program	Post-adjudication			
Court Level	Juvenile District Court			
Program Coordinator	Nathaniel Gay /JoAnn McClain Phone: 919-754-9422			
Presiding JDTC Judge	Robert B. Rader			
Other members of the JDTC Core Team include:	Case Manager: <i>April Barwick</i> Assistant D.A.: <i>Jennifer Crawford; Adam Moyers</i> Defense Attorney: <i>Lori Christian</i> Court Counselors: <i>Tim Montgomery; Dennis Cotten;</i> <i>Kenneth Judge; JoAnne McClain</i> Child Mental Health: <i>Beth Nelson</i> Wake Co. Public School: <i>Lorenzo Melton</i> Clinical Treatment Provider: <i>Jaclyn Hocutt of Spectrum Health Services</i>			
Program Implementation Date	October 30, 1998			
Budget Summary				
Fiscal Administrator	Carolina Correctional Services, Inc.			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	0	0	\$45,117	\$45,117
Budget Summary				
The Wake Juvenile DTC receives no State funding. For FY 2004-05, \$44,317 was remaining funds from City of Raleigh Law Enforcement Block Grant, of which funding was terminated on September 30, 2004. There was also \$800 from the ABC Board.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	19	19	27	
Active Participants at end of CY	14	19	8	
Graduations	10	7	5	
Terminations	16	7	14	
Total Served [= Active Participants + Graduations + Terminations]	40	33	27	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	60%	78%	48%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	63%	50%	26%	
Data Description				
For 2004, the Wake JDTC served 27 participants with a retention rate of 48%, 5 juveniles graduated and the program ended with 8 active participants. The total community service hours completed by the juveniles was 42.				

YOUTH TREATMENT COURTS**Wake County Juvenile Drug Treatment Court ? Judicial District 10 ?**
*Continued***Program Highlights**

The Wake JDTC has undergone several major transitions during fall 2004. The Wake JDTC has been operating on a mix of local funding including ABC (Alcohol Beverage Control) funds, Local Law Enforcement Block Grant funds and some local private foundations. In September, they learned they would no longer receive any LLEBG money. This necessitated an administrative transition from a local non-profit called CCS to a shared responsibility between NC AOC and DJJDP. Wake Human Services (local mental health/substance abuse management agency) was already an active part of the team and was able to move the court from the group intensive outpatient treatment previously mandated and paid by the court to a state-billable MST (Multi-Systemic Therapy). MST is an evidence-based, family-focused treatment protocol found to be effective with juvenile offenders. The Wake JDTC will visit the Charleston, SC JDTC in February to learn how that court has integrated MST practices with the treatment court (there are some challenges to integrating the two approaches successfully).

The JDTC Case Coordinator position was transferred from CCS to the DJJDP Court Counselor's office with the intention of having her maintain her caseload of JDTC clients. Unfortunately, she was hired in mid-November and quit in mid-December so the court intends to move forward using only dedicated juvenile court counselors to provide court-based case management services and court information coordination. The State DTC office has provided funds to conduct a process evaluation of this court to record the history of the longest operating juvenile treatment court in the state and to examine the challenges posed to a court when the dedicated court-based case coordinator position is unavailable.

The court experienced a significant drop in active clients during 2004. This was attributed to several factors. First, the Wake JDTC is dependent on juvenile court counselor referrals and the Wake DJJDP office experienced a major turnover in court counselor staff resulting in less time to determine appropriate referrals and/or lack of knowledge about the program amongst new staff. Second, the Wake JDTC utilized a single treatment model – adolescent group intensive outpatient/cognitive behavioral. This meant that the assessment team at Wake Human Services only sent those youth appropriate to this one kind of treatment to the Wake JDTC. Third and finally, when the court realized they would have to make a major transition, they stopped taking new referrals in September. New referrals resumed in late December.

FAMILY DRUG TREATMENT COURTS

FDTC BACKGROUND

The Family/Dependency Treatment Court setting began in Reno, Nevada and Pensacola, Florida in 1996. Subsequently, the model has been implemented in a variety of jurisdictions with over 112 family courts operating by December 2003. The Family Drug/Dependency Treatment Court (FDTC) works with parent(s)/guardian(s) who are in danger of losing custody of their children due to abuse or neglect charges.

FDTC involves a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. The court's goal is to provide safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes. (Wheeler & Siegrist, 2003)

The FDTC model is characterized by court based collaboration among child welfare, substance abuse treatment providers, coordinated service, provision of substance abuse treatment and the legal system. The courts help ensure compliance with the Adoption and Safe Families Act. (Young, Wong, Adkins, & Simpson, 2003) Adoption and Safe Families Act 1997 (P.L. 105-89) (ASFA) issued a mandate to states to shorten time frames for children in foster care. The Adoption and Safe Families Act of 1997 mandates that the court and community must decide permanency for all children in foster care within twelve months from the date of removal.

FDTC GOALS

Goals of family drug courts include: providing parent(s)/guardians(s) with an opportunity to be clean and sober; constructive support to aid them in resisting further criminal activity; and skills that will aid them in leading productive, substance-free and crime-free lives. Goals also include helping the parent to become emotionally, financially, and personally self-sufficient; and to develop adequate parenting and "coping" skills to be able to serve as an effective parent on a day-to-day basis.

FDTC PROGRAM OPERATIONS

In North Carolina, Family Drug Treatment Courts are currently operational in Durham (District 14) and Mecklenburg (District 26) counties. Table 8 lists the jurisdictions, presiding judge, and program implementation date of the operational FDTCs.

Drug Treatment Court	Presiding Judge(s)	Type of Court	Court Implementation Date
Judicial District 28 Buncombe County	Patricia Kaufmann Young District Court Judge	Family DTC	Spring, 2005
Judicial District 12 Cumberland County	Edward A. Pone District Court Judge	Family DTC	February, 2005
Judicial District 14 Durham County	Elaine Bushfan Chief District Court Judge	Family DTC	May 31, 2002

Table 8: N.C. Operational Family Treatment Court Programs continued

Judicial District 6A Halifax County	H. Paul McCoy Chief District Court Judge	Family DTC	Spring, 2005
Judicial District 26 Mecklenburg County	Avril U. Sisk & Regan A. Miller District Court Judge	Family DTC	December 1, 1999
Judicial District 15B Orange County	Joseph M. Buckner Chief District Court Judge	Family DTC	February, 2005
Judicial District 8 Wayne County	Rose Vaughn Williams District Court Judge	Family DTC	Spring, 2005

The two FDTC programs work to ensure all parents appearing before the court for abuse and/or neglect charges receive substance abuse, mental health and domestic violence screenings and are referred for further assessment and treatment based upon need. The courts then provide intensive monitoring, case management and support to those parents who are unable to meet treatment expectations without the court's intervention. This model is based upon the very successful program established in San Diego, CA and that is part of the first national outcome evaluation of FDTC programs.

In Mecklenburg, they have established two tiers of court intervention called F.I.R.S.T. (Families in Recovery to Stay Together) that represents the lowest level of intervention and monitoring and then Family Drug Treatment Court, for those who require intensive monitoring and support. Durham calls their entire program the Durham Family Drug Treatment Court but provides for two tracks of supervision and support within the program.

In early 2003, the Drug Treatment Court Advisory Committee approved expansion of FDTC programs to include approval of five new planning sites. Letters were sent to every Chief District Court Judge describing the goals and basic operation of family dependency treatment courts. Any jurisdiction interested in participating in the federally sponsored training/planning process was required to receive signatures of commitment from key stakeholders and return them to the DTC State office.

Buncombe, Cumberland, Halifax, Orange and Wayne Counties indicated an interest and were approved to participate in the national Drug Court Planning Initiative sponsored by the Bureau of Justice Assistance. After completing the planning process during the summer/fall 2004, each jurisdiction must submit an implementation plan to the State DTC office and be approved by the Drug Treatment Court Advisory Committee. There are currently no state funds available for implementation. Each jurisdiction currently anticipates submitting grant requests for federal funds.

In 2004, Gaston and Union Counties also indicated an interest in implementing a Family Drug Treatment Court and were approved to participate in the planning process. These two counties are following the same planning process and each jurisdiction plans to have an operational FDTC in 2005.

Highlights of the Family DTC Program during CY 2004

- Five new jurisdictions will become FDTCs in 2005: Halifax County (District 6A), Wayne County (District 8), Cumberland County (District 12), Orange County (District 15B) and Buncombe County (District 28).

- Two new jurisdictions plan to become FDTCs during 2005. Gaston County (District 27A) and Union County (District 20B) will both participate in the federally sponsored FDTC Drug Court Planning Initiative.
- Family DTCs served 65 participants during 2004, an increase of 41% from 2003.
- During 2004, 20 children have been reunified with their parents.
- Mecklenburg Family DTC, called Mecklenburg F.I.R.S.T. (Families in Recovery Stay Together), continues to serve as a national Drug Court Planning Initiative (DCPI) Host Site. In 2004, the FIRST Program hosted twelve teams, six in April and six in September. And, in 2005, the FIRST Program will host more teams in May.
- Durham FTC was chosen as a national DCPI host site for 2005.
- The state DTC office received a State Justice Institute and Bureau of Justice Assistance grants that will support FTC operations including development of a MIS designed to capture information and generate reports specific to FTC.
- Kirstin Frescoln, Youth and Family Treatment Court Specialist, continues to serve as faculty for the National Drug Court Institute in the FDTC Drug Court Planning Initiative, in the Discipline Specific Coordinator's Training and for national conferences.

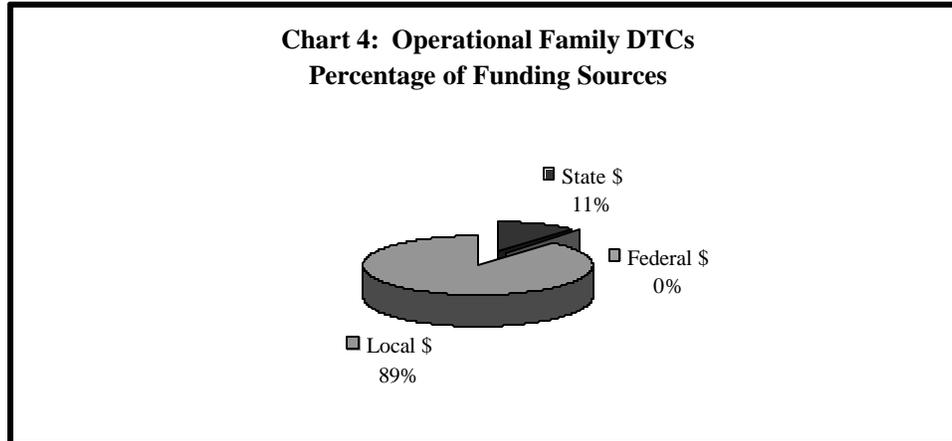
FDTC FUNDING

Family Dependency Treatment Courts are amongst the newest problem-solving courts but they have the potential to provide the greatest impact on local and state budgets and our community at large. Durham FTC receives the only state funding. In 2004, they received a state appropriation of \$67,200 which funds a court-based case coordinator and some limited supportive funds. Mecklenburg FTC is operating on a mix of local funds. Both the Mecklenburg and Durham FTC access state-funded treatment with varying degrees of success. Five new jurisdictions will implement FTC in 2005. **The potential cost savings associated with successful FTCs are tremendous.** The total lifetime costs for caring for drug and alcohol exposed children (including Fetal Alcohol Syndrome and Fetal Alcohol Effect) range from \$750,000 - \$1.4 million. Direct costs of therapeutic foster care run \$45,406 - \$47,048/year in North Carolina. This cost does not include the other impacts of foster care on children including an increased likelihood of delinquency, truancy, drug and alcohol abuse/addiction, mental health problems, unplanned pregnancies and homelessness. Young adults, ages 18 – 25 that have been “discharged” from the foster care system are currently the fastest growing homeless population in North Carolina.

Table 9 provides information of the FY 2004-05 budget summary for operational FDTCs.

Table 9: Operational Family Drug Treatment Courts Budget Summary for FY 2004-05				
County (Judicial District)	State \$	Federal \$	Local \$	TOTAL \$
Durham (14)	72,200	0	0	72,200
Mecklenburg (26)	0	0	566,400	566,400
TOTAL \$	\$72,200	0	\$566,400	\$638,600

The following pie chart presents the funding percentages from each government sector. The local government has contributed significantly (89%) to Family Drug Treatment Courts operated in Durham and Mecklenburg counties. Additionally, 11% of its funding comes from monies made available through the state government.



FDTC EVALUATION

As the youngest of the drug court programs, family drug courts are just beginning the journey already tread by the adult and juvenile DTC programs. In 2002, the National Drug Court Institute began providing a standardized curriculum and training program funded by the Bureau of Justice Assistance to jurisdictions that are planning to implement or that have already implemented FDTC programs. Both the Durham and Mecklenburg FDTC teams have attended these training programs and the five new North Carolina planning jurisdictions completed this program in 2004. Mecklenburg continues to serve as a host court for the FDTC Planning Initiative.

Management Information System (MIS) and evaluations are also catching up to meet the needs of these rapidly expanding treatment courts. Although the newest of the problem solving courts, national, state and local stakeholders have quickly begun conducting evaluations on the impact of the courts. The Adoption and Safe Families Act timeline requirements provide very straight-forward outcome evaluation data points within a six to 18 month date of entering the FDTC. So far, all outcome evaluations conducted on FDTCs have shown extremely promising results. These are outlined below. Despite these results, integrated management information systems are not available in any jurisdiction across the U.S.

Statewide Family DTC Process and Outcome Evaluation

The Mecklenburg and Durham FDTC currently maintain data on the electronic North Carolina Adult DTC MIS and will migrate that data to the new web-based adult system when it becomes available in winter 2005. Mecklenburg is also working very closely with the Mecklenburg County Department of Social Services and the Mecklenburg Area Mental Health Authority substance abuse treatment programs to aggressively collect and analyze data from their combined F.I.R.S.T. and FDTC programs. While they wait to accumulate sufficient post-

F.I.R.S.T. implementation data, they have committed to conducting a process evaluation that will include structured interviews and focus group meetings with key professional agency personnel, F.I.R.S.T. participants and participant's families.

The Durham FDTC is working with the Duke Center for Child and Family Policy on developing a process and outcome evaluation strategy and will together seek funds to implement the evaluation.

A state-level stakeholder team assembled in spring 2003 to assess the readiness of each jurisdiction expressing an interest in beginning an FDTC. This team continues to meet. Five of these individuals agreed to participate in the 2004 NDCI Planning Initiative as the MIS/Evaluation team member with one of the local teams involved in the DCPI planning process. Cathy Kluttz, Division of Public Health Women's and Children's Services is working with the Buncombe County team. Helen Wolstenholme, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, is working with the Cumberland County team. Jane Volland, Guardian ad Litem Administrator, is working with the Halifax County team. Deborah Reilly, DTC Manager, is working with the Orange County team. Jan Hood, Family Court, is working with the Wayne County team. DSS Children's Services was unable to travel with a team due to staffing changes.

Their role on the local team is to learn about FDTC, participate as a team member providing information to the team about their particular discipline and to listen to presentations and participate in meetings with the Youth and Family Treatment Court Specialist focusing on development of an FDTC MIS and outcome evaluation plan.

Statewide Family DTC Management Information System (FDTC MIS)

Both the Durham and Mecklenburg FDTC programs utilize the existing North Carolina Adult DTC management information system. This has been adequate as the MIS is designed to manage the assessment, treatment and case management of adult DTC participants. However, it is not an ideal system since it also assumes all participants will have criminal charges (FDTC participants are moving through the civil court process), and it does not systematically collect data regarding the child's or Department of Social Service's case.

The AOC DTC Team was awarded funds from the State Justice Institute to develop and implement a statewide Family Drug Treatment Court Management Information System (FDTC MIS) in CY 2004. Therefore, the AOC Drug Treatment Court Services (DTC) Team explored integration with the Guardian ad Litem's (GAL) Access-based Information Management System. This is due to the fact that GAL already collects information that is not only dependent on the Department of Social Services, but also collects "child" information that is integral to a fully functioning Family Drug Treatment Court (FDTC) Management Information System (MIS). GAL was incredibly excited and enthusiastic about such a partnership. A partnership such as this would decrease the duplicative nature that Management Information Systems seem to have when DSS, GAL, AOC, and other agencies are compared. Unfortunately, due to challenges in technology and statewide implementation, it was determined that the shared system could not be supported at this time.

The state DTC office continues to hold stakeholders' meetings in order to solicit feedback from all Family Drug Treatment Court Teams (FDTC). One to two members from each of these FDTC Teams, as well as other key stakeholders, form the FDTC MIS User Group. The User group evaluates the effectiveness of the FDTC MIS while it is being implemented. As well, the DTC has hired Innovative Research and Training, Inc. (IRT) based out of Chapel Hill, NC to perform the process evaluation of our integrated FDTC MIS.

The AOC DTC is prepared to send out Requests for Proposals (RFPs) for an FTDC Developer in early spring 2005. The contractor will simply add value to the Adult DTC MIS by adding fields, reports and auto-calculations, among some other things. The Adult MIS will eventually collect all pertinent data from the FDTCs making it the Adult/Family DTC MIS. And, it will be used on a permanent basis by the team members of the FDTCs.

2004 Summary Statistics for Family DTCs

In 2004, the FDTCs served 65 participants having a retention rate of 58%. (The retention rate is derived from the number of active participants and graduates during the year divided by the total number of participants served during the year.) The change in retention rate for the family treatment courts can be attributed to changes in court operations. Mecklenburg FIRST began admitting all parent respondents who were determined to have an alcohol or drug addiction. The broader admission policy necessarily resulted in a reduced retention rate – participants were given a choice of serving jail time for contempt of a court order or participation in the more intensive FIRST level II. We expect family treatment court rates to stabilize in the coming year.

A total of 49 referrals were admitted to the FDTC in 2004. Eleven parents graduated from the program for a 29% graduation rate. Twenty-seven participants were terminated from the program.

Table 10: Family DTCs Summary Data*			
Calendar Year	2002	2003	2004
New Admissions	23	30	49
Active Participants at end of CY	16	28	27
Graduations	8	6	11
Terminations	10	12	27
Total Served [= Active Participants + Graduations + Terminations]	34	46	65
Retention Rate [= (Active Participants + Graduations) ÷ Total Served]	71%	74%	58%
Graduation Rate [= Graduations ÷ (Graduations + Terminations)]	44%	33%	29%
*Data is included for Durham and Mecklenburg FDTCS.			

Recent National Family DTC Research Findings

Family Drug Treatment Courts are relatively new programs nationally. The first retrospective outcome evaluation was conducted in 2002 with the results published in early 2003. The Center for Children and Family Futures conducted the study sponsored by several federal agencies including: the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, Administration for Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect, Office of the Assistant Secretary for Planning and Evaluation, the Department of Justice, National Institute of Justice and the Drug Court Program Office. The study incorporated program descriptions and documentation of the primary outcomes from five FDTCs. The sites

were selected based on criteria that included at least 3 years of operation, adequate identification of comparison cases, and access to outcome data.

Each of the sites has several similar key features including:

- Increased case management;
- Specialized cross-system training efforts;
- Immediate access to an assessment of the parents' substance abuse disorder;
- Increased access to more intensive levels of substance abuse treatment;
- A team approach to case planning to better inform judicial decision-making; and
- More frequent judicial oversight.

The study sample was primarily women with low educational attainment. The mothers faced multiple issues and barriers to their parenting success (i.e., mental health issues, criminal history, lack of suitable housing etc.). Children of FDTC participants were predominately pre-school aged and approximately one quarter were identified as prenatally exposed to drugs.

Family Drug Treatment Court Outcomes

Primary Outcomes were collected in three areas:

1. Timeliness of substance abuse treatment entry and completion rates
2. Child welfare outcomes related to child safety and permanency; and
3. Court outcomes related to the timeliness of case resolution

The results of the Family Drug Treatment Court retrospective outcome evaluation study were as follows:

- **More FDTC parents enrolled in treatment entry, got to treatment quicker, participated in more treatment sessions, got more levels of treatment, and completed more treatment episodes than the comparison.** Significantly more FDTC parents entered substance abuse treatment than comparison group parents in all five sites, FDTC parents entered treatment in significantly fewer days—79 days compared to 160 days. FDTC parents tended to stay in treatment longer than comparison parents, with three of the sites reaching a statistical difference on this measure. FDTC parents also satisfactorily completed about 60% of over 900 episodes (treatment sessions) compared to 50% of 460 episodes completed among the Comparison group.
- **Fewer parents had new child abuse or neglect reports and new criminal arrests after they participated in the FDTC than parents in the comparison group.** Only 24% of FDTC parents had new substantiated child abuse report, compared to 46% of parents in the comparison group. In addition, significantly fewer FDTC parents were arrested subsequent to their family drug court experience than comparison group parents. While 19% of FDTC parents had a subsequent arrest, 28% of comparison parents were arrested.
- **Over half of FDTC children were reunified with their parents and they reunified in less than in year.** Overall more FDTC children were reunified with a parent (55%) compared to 49% of comparison children. On average, FDTC families were reunified in just less than one year (at 341 days) while the comparison families were reunified at 380 days.

- **Children of FDTC participants who did not reunify with a parent received court orders for another of permanency in approximately 18 months, compared to nearly two years for the comparison group children.** There was no statistically significant difference between groups in the time to a permanent plan, but FDTC children receive a court ordered permanent plan in an average of 18 months, while the comparison group's permanency was order at 23 1/2 months. On average, CPS cases were closed four months sooner than the comparison at 20 months, compared to 24 months.

To summarize the statistically significant results, FDTC parents are:

- Getting more treatment;
- Getting to treatment faster;
- Being arrested less; and
- Being reported for subsequent child abuse less.

Family Drug Treatment Courts assist families in their quest for sobriety, lawfulness and family reunification. It ensures that parents who fall victim to drugs/alcohol abuse and/or child abuse and neglect, receive the intensive treatment they need to become healthy, law-abiding citizens and productive family and community members. FDTC is highly successful and allows for faster treatment, successful completion of more treatment episodes and faster transition into permanent plans and closure. It is a remarkable opportunity to enhance the quality of life within our communities and show appreciation for the value and worthiness of American families.

INDIVIDUAL FDTC PROGRAM HIGHLIGHTS

The program data and highlights presented in tabular form below were submitted by the local DTC program directors. In some cases, the DTC State Office Staff provided edits to enhance the flow of the intended communication, but not to alter it's meaning.

FAMILY DRUG TREATMENT COURTS

Durham County Family DTC ? Judicial District 14				
General Description				
Type of Program	Civil Court			
Court Level	Juvenile District Court			
Program Director	Peter Baker Phone: 919-564-7205			
Presiding FDTC Judge	Elaine M. O'Neal			
Other members of the Core Team include:	Case Manager: <i>Alexia Stith</i> Respondent's Attorney: <i>Austine Long</i> DSS Social Work Liaison: <i>Michael Ward</i> GAL Liaison: <i>Melissa Love</i> IOP Treatment Providers: <i>Duke Family Care Program, Reneé Baker</i>			
Program Implementation Date	May 31, 2002			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal Year 2004-05	\$72,200	0	0	\$72,200
Budget Description				
Funding at the present is from a recurring legislative bill in 2004. This has netted us a barebones minimum to operate from. It is our hopes that as Drug Court expands its budget, it will consider this factor in bringing us to a level that supports the needs of the participants.				
Data Summary				
Calendar Year	2002	2003	2004	
New Admissions	9	10	26	
Active Participants at End of CY	6	12	14	
Graduations	N/A	1	4	
Terminations	3	3	10	
Total Served [= Active Participants + Graduations + Terminations]	9	16	28	
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	N/A	81%	64%	
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	N/A	25%	29%	
Children Reunified with Parent	N/A	5	11	
Participant Fees Collected	\$20.00	\$250	\$640	
Data Description				
The Durham Family DTC served a total of 28 parent participants in 2004. These participants had a total of 40 children who had been separated from their parents due to the substantiated abuse and/or neglect. At the end of the 2004, 14 participants were active. Gender specific treatment has proven to be the greatest asset to client recovery, and the supports of Parenting groups have facilitated reunifications. Admissions and referrals have increased drastically, as a sustained interest in the court has continued.				

FAMILY DRUG TREATMENT COURTS

Durham County Family DTC ? Judicial District 14 ? *Continued*

Program Highlights

Court operations continue to demonstrate the need for housing services and inpatient treatment options. Many of the mostly female participants struggled with court compliance, not having stable housing and needing detoxification services. Recovery House options have increased in 2004 with an additional Halfway House in the community. Some headway has been made in securing public housing options as well. Nevertheless, housing continues to be a challenge. Treatment and 12 -step involvement has done much to extend the recovery of participants.

Questions still remain as to how Family Treatment Court may best interface with Family court in court reporting that supports both courts. Team members being subpoenaed to Family court hasn't been the optimal way to collaborate, as we continue to search for what best serves both arenas.

Overall, we have been pleased with the Family court's recognition of this court, and the increased interest in having Treatment court as an important option for substance abusers.

FAMILY DRUG TREATMENT COURTS

Mecklenburg County Family DTC ? Judicial District 26				
General Description				
Type of Program	Civil Court			
Court Level	Juvenile District Court			
Fiscal Administrator	Administrative Office of the Courts			
Program Director	Janeanne E. Tourtellott			
Presiding FDTC Judge	Regan A. Miller			
Other members of the Core Team include:	FIRST Program Coordinator: <i>Lynn Hogan</i> FIRST Case Coordinator: <i>Erica Oxendine-Hall</i> Qualified Substance Abuse Professional: <i>Suzanne Betts</i> DSS Attorney: <i>Edward Yeager</i> Respondent's Attorney: <i>Chuck Porter</i> DSS Social Work Liaison: <i>Brenda Oakley</i> Women's Treatment Coordinator: <i>Frankie Tack</i> GAL Supervisor: <i>Jackie Ewendt</i> Treatment Providers: <i>CASCADE Services, Southeast Addiction Institute and Learning Center, Inc., Chemical Dependency Center, McLeod Center</i> Residential Services: <i>Area Mental Health Authority – CASCADE Services</i>			
Program Implementation Date	November 17, 1999 Expanded in September 2003			
Budget Summary				
Fiscal Administrator	Administrative Office of the Courts			
	State \$	Federal \$	Local \$	TOTAL \$
Budget for Fiscal year 2004-05	-0-	-0-	\$566,400	\$566,400
Budget Summary				
The Mecklenburg County FIRST Program is currently 100% funded through local funds. Mecklenburg County currently provides funding for both the FIRST Program Coordinator and the FIRST Case Coordinator. Mecklenburg County Area Mental Health provides funding for the QSAP position dedicated to the FIRST Program. Additionally they provide \$250,000 for gender specific substance abuse treatment for women involved in the FIRST Program and \$200,000 for 10 residential beds dedicated to women and their children involved in the FIRST Program.				

FAMILY DRUG TREATMENT COURTS

Mecklenburg County Family DTC ? Judicial District 26 ? Continued

Data Summary – FIRST Level I

Calendar Year	2003	2004
Parents referred for Screening	164	193
Parents requiring Substance Abuse Assessment	113	111
Active Participants in Substance Abuse Treatment	97	163
Participants referred to FIRST Level II	20	21
Terminations	36	49
Total Served [= Active Participants + Graduations + Terminations]	133	212
Clean Babies born	2	1

Data Summary – FIRST Level II

Calendar Year	2000	2001	2002	2003	2004
New Admissions	14	14	14	17	23
Active Participants at end of CY	12	11	10	16	13
Graduations	0	6	8	7	7
Terminations	7	9	7	8	17
Total Served [= Active Participants + Graduations + Terminations]	19	26	25	31	37
Retention Rates [= (Active Participants + Graduations) ÷ Total Served]	74%	65%	72%	74%	54%
Graduation Rates [= Graduations ÷ (Graduations + Terminations)]	N/A	40%	53%	47%	29%
Rate of Cases Moved to Permanence	100%	100%	N/A	N/A	N/A
Children Reunified with Parent	N/A	10	N/A	N/A	9
Participant Fees Collected	\$1,025	\$4,792	\$2,941	\$2,325	\$5,031

Data Description

In 2003, the Mecklenburg Family DTC expanded to incorporate the Family Drug Treatment Court and the FIRST (Families In Recovery to Stay Together) Programs into one unified program that provides two levels of services. As of December 2004, FIRST has completed three hundred and ninety-one assessments, two hundred and fifty-four of these included substance abuse assessments. Of these, two hundred and twenty-six clients were referred for substance abuse treatment, two hundred and thirteen for mental health assessments, and one hundred and ninety-four for domestic violence classes. In addition, two hundred motions to show cause were filed. Of these, eighty-three parents were found to be in willful contempt of court. As a result, fifteen parents were sentenced to inpatient treatment, thirteen parents were sentenced to twenty-four hours in jail, four parents were sentenced to forty-eight hours in jail, thirty-five parents were given suspended sentences on the condition that they comply with treatment, and seventeen parents volunteered to enter Level II of the FIRST Program (FDTC). In December 2004, the FIRST Program had its seventh baby born clean and sober to one of our participating mothers.

The Mecklenburg Family DTC served a total of 39 parent participants (with a 95% retention rate) in Level II, and 163 parent participants in Level I in 2004. These participants had a total of 208 children who had been separated from their parents due to the substantiated abuse and/or neglect. Seven parents (29%) graduated from Level II of the program. Twenty participants were active in Level II at the end of the fiscal year. A total of \$5,031 in participant fees were collected.

FAMILY DRUG TREATMENT COURTS

Mecklenburg County Family DTC ? Judicial District 26 ? *Continued*

The FIRST Program is a collaborative effort of the Court, Mecklenburg County Department of Social Services Youth and Family Services Division, and the Mecklenburg County Area Mental Health Authority. The FIRST Program coordinates and monitors the delivery of substance abuse treatment services to all parents involved in the dependency process. The purpose of the FIRST Program is to provide parents with the best opportunity possible to achieve and maintain recovery in a timely manner to be reunified with their children. The Program also provides the Court with more information about the parent's chance for recovery and reunification earlier in the dependency process, enabling the Court to make timely and informed decisions about permanency for children. In an effort to support parents in their effort to be successful in achieving recovery and reunification, the FIRST Program offers two levels of participation.

Level I participants attend substance abuse counseling, parenting education sessions, and recovery support programs, and submit to regular and random alcohol and drug tests. FIRST Program staff closely monitors each participant's treatment attendance and drug test results. The Court will sanction participants who do not comply with treatment requirements or test positive for substance use. Participants who need additional support and services to assist them can volunteer or be ordered (due to non-compliance in Level I) to enter the second level of program participation, the FDTC Program, to receive more intensive services and supervision.

Level II incorporates intensive case management, bi-weekly court sessions and residential placement (if necessary). Level II consists of three phases, with a minimum of one (1) year and a maximum of two (2) years participation. Phase I is primarily concerned with orientation into the program and beginning treatment, case management and the court process. Phase II is focused on teaching clients how to maintain recovery and sobriety, and helping them work on other issues that support their recovery, such as housing, education (if needed), acquiring and maintaining employment and visitation with their children. Phase III teaches clients coping and relapse prevention techniques and skills to help them deal with things in their life on a day-to-day basis. Thus far, the FIRST Program has: 1) integrated case planning coordinated by Youth and Family Services, treatment providers, and the case manager; 2) implemented a residential program for ten women and their children in an apartment setting; and 3) implemented a database to track clients.

The National Drug Court Institute (NDCI) has recognized the FIRST Program as a Model Court. In 2003, the FIRST Program hosted six teams from around the country as they went through the planning and implementation phases for new FDTC programs in their jurisdictions. In 2004, the FIRST Program hosted twelve teams, six in April and six in September. And, in 2005, the FIRST Program will host more teams in May.

In 2004, eight FIRST Level II clients acquired employment. Also, the FIRST Program was informed that nine clients (Level I and II) achieved reunification with their children. This is a difficult number to track since many times the parents are reunified after they complete the FIRST Program. That number is most likely much higher.

PILOT MENTAL HEALTH TREATMENT COURTS

PILOT MENTAL HEALTH TREATMENT COURTS BACKGROUND

In 2000 the first mental health treatment court in North Carolina was established in Orange County in response to advocacy efforts of the Orange County chapter of NAMI to address the needs of citizens with mental illness in the local court system (www.consensusproject.org). Funding for this court derived from a State Mental Health Block Grant and a Bureau of Justice Assistance grant. In 2004, the General Assembly passed a special provision that authorized three pilot mental health courts:

Mental Health Treatment Courts Section 10.27.(a) The Administrative Offices of the Courts shall establish pilot programs in judicial districts 15B, 26, and 28 that add a mental health treatment component to the existing drug treatment courts in those districts, thereby expanding those courts into therapeutic court programs aimed at providing treatment to repeat adult offenders with needs for either mental health or substance abuse services. The purpose of the mental health treatment component of the pilot programs is to facilitate cooperation between the State mental health system, mental health service providers, and the judicial system in order for the State mental health system to provide repeat adult offenders that need mental health services with treatment and other mental health services aimed at improving their ability to function in the community, thereby reducing recidivism and easing the workload of the courts.

The special provision also authorized an independent evaluation to determine the effectiveness of the courts. Mental Health courts are currently only in “pilot status” and the AOC is not encouraging any expansion until further direction from the state legislature.

MENTAL HEALTH TREATMENT COURT GOALS (MHTC)

A review of the literature (c.f., Steadman, Davidson, Brown (2001)) reveals the following typical goals of a MHTC:

- Protect public safety
- Decrease expenditures
- Improve quality of life
- Improve outcomes, accountability, and collaboration
- Use therapeutic jurisprudence

PILOT MENTAL HEALTH TREATMENT COURTS OPERATIONS

At the end of 2004, Orange County was the only judicial district with a MHTC. The Presiding Judge is Joseph. M. Buckner, Chief District Court Judge. Orange County’s MHTC is post-plea/post-sentence.³

³ Mecklenburg County began a pilot mental health treatment court in April, 2004. Buncombe County decided not to begin a mental health treatment court due to funding problems with their adult treatment court (a superior court) and the lack of a district drug treatment court to

Anyone may refer cases to the Orange County Mental Health Treatment Court (called the Community Resource Court or CRC); most referrals come from court officials. Referral sources include judges, attorneys, district attorney, magistrates, law enforcement, probation officers, treatment providers and family members. The assistant district attorneys screen all referrals to make sure defendants are legally appropriate for the CRC. Legally eligible defendants are then referred to the next CRC session to be clinically screened by the Case Manager/Clinician and presented to the CRC Team. To be eligible, offenders must have a mental health diagnosis or mental health treatment history, with priority given to defendants with severe and persistent mental illness (SPMI). Additionally, all eligible defendants are screened by the District Attorney who attends to public safety concerns.

All Orange County CRC participants appear before a specially trained judge every month for a minimum of six months for monitoring. Prior to each monthly court session, the CRC Team meets to discuss each case on the docket. The CRC Team includes: judge, assistant district attorney, assistant public defender, two CRC designated private attorneys, CRC case managers, CRC program manager, probation officer, as needed treatment providers, and trial court coordinator. Discussion focuses on the defendant's progress, behavioral changes, treatment compliance, and needed modifications. Recommendations are made as to what the judge needs to address in open court with each defendant to ensure compliance. In the case of continued non-compliance or new charges, a decision is made by the team about whether to attempt to re-engage the offender in treatment, order him or her to jail for a few days, or transfer the case back to regular criminal court.

During court, the judge speaks directly to each defendant on the docket. The judge delivers a clear, concise message of behavior and treatment expectations that emphasizes the defendant's responsibility. Court dialogue minimizes use of psychiatric labels, focusing instead on behavior, treatment, services, and improving quality of life. For those who are complying and making progress, the judge offers compliments and encouragement. For those who are not complying, the judge may express disappointment, ask for reasons for noncompliance, attempt to motivate them, recognize strong points, offer encouragement or give stern lectures as to what is expected and what are the consequences of noncompliance, threatening jail or a return to traditional criminal court.

To graduate from Orange County's CRC, the defendant must demonstrate consistent compliance with treatment recommendations for a minimum period of six months. Cases are either dismissed or otherwise disposed by a positive outcome (e.g., receive Prayer for Judgment Continued or terminated successfully from probation).

Highlights of the Pilot Mental Health Treatment Courts during CY 2004

- Orange County's Community Resource Court (mental health treatment court) is part of two National Evaluation projects.
- The General Assembly has expressed an interest in expanding mental health treatment courts, providing funding to evaluate the feasibility of expanding the courts and directing that pilot courts be started in Mecklenburg and Buncombe counties.
- Mecklenburg began pilot operation of a mental health treatment court as an extension of a district court DTC.

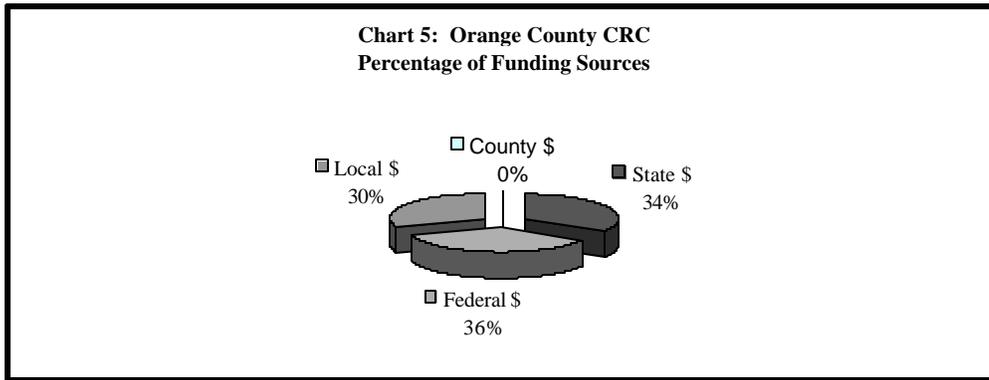
which to attach a mental health treatment court. A process evaluation of these mental health treatment courts will be presented under separate cover to the General Assembly March 1st, 2005.

**ANNUAL REPORT ON THE STATUS OF NORTH CAROLINA'S DRUG TREATMENT COURTS
PILOT MENTAL HEALTH TREATMENT COURT FUNDING**

Table 11 provides an overview of the operational MHTC Budget for FY 2004-05.

Table 11: Orange County CRC Summary Budget for FY 2004-05					
County (Judicial District)	State \$ (UCR) ^a	Federal \$ (BJA grant)	Local \$ (OPC LME)	County \$	TOTAL \$
Orange (15B)	60,000	64,000	54,000	0	178,000
<small>^a Unit Cost Reimbursement</small>					

Chart 5 identifies the percentage of funding sources for the MHTC.



MHTC EVALUATION

An independent evaluator was hired through a competitive Request for Proposals (RFP) in late fall, 2004 in order to comply with section 10.27.(a) of the North Carolina Drug Treatment Court Act:

The collaborative effort required under this section shall also include consideration of the effectiveness and efficiency of the mental health treatment court component to determine feasibility of the statewide expansion of drug treatment courts into therapeutic courts.

The process evaluation of Orange County's CRC (to include some interviews and review of documents from Buncombe and Mecklenburg counties) began in late December, 2004 and will conclude the end of February, 2005 (the final report will be submitted to the General Assembly under separate cover March 1st, 2005).

New MHTC Research

According to the Bureau of Justice Assistance, little empirical evidence exists about the effectiveness of mental health courts. Nonetheless, the following sample of research is relevant to the understanding of MHTCs in North Carolina.

ANNUAL REPORT ON THE STATUS OF NORTH CAROLINA'S DRUG TREATMENT COURTS

In 2000, Goldkamp examined four of the first MHTCs (in Alaska, Florida, Washington, and California). They originated from deinstitutionalization, the drug epidemic of the 1980s and 1990s, increased homelessness, and jail overcrowding. His study raised the following concerns:

1. There are no quick and effective screening methods for identifying candidates;
2. Voluntary participation is complicated by participants' mental capacity;
3. MHTCs cannot say "be cured" within a year or two; and
4. The use of sanctions and incentives is not as well justified nor understood.

He concludes that close attention and supervision offered by MHTCs makes them quite promising in dealing with a population least suited for only punishment in jail or prison.

In 2001, the Center for Court Innovation reported that participants in MHTCs received more treatment and spent fewer days in detention (Denckla & Berman, 2001); a cost savings approximately \$395,655.00 per year. Cosden, Ellens, Schnell, Yamini-Diouf, & Wolfe (2003) utilized a year-long, experimental procedure (randomly assigning adults with mental illness booked into jail to either a MHTC or treatment as usual (TAU)). They determined that while all participants improved in life satisfaction, distress, and independent living, only participants in the MHTC showed increased abstinence and reduced recidivism. This study, in particular, indicates the unique promise for MHTCs.

Orange County CRC ? Judicial District 15B							
Type of Court	Mental Health Court – Community Resource Court						
Court Level	District						
CRC Coordinators	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Mental Health System</u></td> <td style="text-align: center;"><u>Judicial System</u></td> </tr> <tr> <td style="text-align: center;">Jeffrey DeMagistris</td> <td style="text-align: center;">Marie Lamoureaux</td> </tr> <tr> <td style="text-align: center;">Phone: (919) 913-4237</td> <td style="text-align: center;">(919) 245-2274</td> </tr> </table>	<u>Mental Health System</u>	<u>Judicial System</u>	Jeffrey DeMagistris	Marie Lamoureaux	Phone: (919) 913-4237	(919) 245-2274
<u>Mental Health System</u>	<u>Judicial System</u>						
Jeffrey DeMagistris	Marie Lamoureaux						
Phone: (919) 913-4237	(919) 245-2274						
Presiding CRC Judges	Joseph M. Buckner, Chief District Court Judge M. Patricia DeVine, District Court Judge						
Other members of the CRC Core Team include:	Beverly Scarlett, ADA Jacqueline Perez, ADA D.C. Rhyne, CRC Case Manager Michael Norton, ACTT Supervisor Derek Olsen, Cross Disabilities ACTT Lauren Dickerson, Attorney Karen Murphy, Attorney Natasha Adams, Asst. Public Defender Vicki Fornville, Community Corrections						

2004 Statistics for Orange County's CRC

In 2004, Orange County's CRC served 106 defendants. The racial composition is reported as: 58 White, 45 Black, 2 Hispanic, and 1 Unknown/Other. Sixty-four are Male and 42 are Female. The ages of the participants was equally distributed from the 16-25 years of age bracket to the 46-55 years of age bracket. The outcome statistics for these 106 participants in 2004 were: 45 graduated, 16 engaged (noncompliant), 13 Opted in (never engaged), 12 opted out, 11 were in substantial compliance, five were inappropriate referrals and three were deceased (one was reported as "other"). The average length of time in Orange County's CRC was seven to twelve months.

DTC ADMINISTRATION

STATE OFFICE

Administrative staff for the State DTC is located in the Legal Services Division of the AOC. As of February 1, 2005, staff includes Kirstin Frescoln, DTC Manager and Juvenile and Family DTC Specialist; Deborah Reilly, Adult DTC Specialist; Matthew Soloway, DTC Data Specialist; Amy E Hargraves-Smith, DTC Education and Grants Specialist; Jacquelyn Hansen, Research Coordinator; Allison Avery, Part-time Research Assistant; and Cristel Orrand, Part-time Research Assistant. During 2002, the DTC Administrator position was eliminated by the General Assembly. The majority of the administrative responsibilities were shifted to the DTC Manager and a new Federal grant funded the Data Specialist and the Education and Grants specialist.

The DTC Manager is responsible for the day-to-day operations of the State DTC. As the Juvenile and Family DTC Specialist, the position coordinates the NC Juvenile and Family DTC initiative and offers technical assistance to local Family DTCs and Youth Treatment Courts. The Juvenile and Family Specialist also represents the AOC on a variety of inter-agency groups such as the State Collaborative for Children and Families. The Juvenile and Family Specialist position was funded by a Bureau of Justice Assistance grant through October 2004 when Ms. Frescoln assumed the role of Manager and was then funded through State Legislative monies. The Adult DTC Specialist coordinates the NC Criminal, DWI and Pilot Mental Health Treatment Courts initiatives and offers technical assistance to the local Courts. This position is also funded through State Legislative monies. The DTC Research Coordinator (funded by the Governor's Crime Commission) oversees the development and implementation of the legislatively mandated statewide DTC evaluation and the ongoing data collection process. Her duties have also included oversight and coordination of the DTC automated Management Information System. The DTC Data Specialist (funded by the Governor's Crime Commission) is responsible for the installation of all software, maintaining the software, the security of the system, and training all end users. The DTC Education and Grants Specialist (funded by the Governor's Crime Commission) manages all local and statewide trainings for DTC team members and administers all federal grants, coordinating payments and internal fund allotments. Both part-time Research Assistants are funded through the Governor's Crime Commission. Ms. Avery serves as a liaison to the Family DTCs and Ms. Orrand works with all the courts to improve data quality and management for management, planning and evaluation purposes.

LOCAL DTCs

Administration of the local DTCs is currently shifting back to the AOC for a number of reasons. Primarily local DTCs will benefit from AOC support services, purchasing, contracts, grant match funds, and personnel services. The administrative decisions will become more consistent and allow for smoother statewide operations as the expansion plan is implemented over the next few years. In most cases local supervision of DTCs will come under the Trial Court Administrator when one is present in a district. Table 12 provides a list of all DTC Administrative Entities.

Table 12: Local DTC Administrative Agencies

District ^a	Administrative Office of the Courts	County	Non-profit / Area Mental Health Agency
Buncombe (28)		X	
Catawba (25)			X
Durham (14)	X		
Forsyth (21)	X		
Guilford (18)	X		
Mecklenburg (26)	X		
New Hanover (5)^(b)	X		
Orange (15B)	X		
Person/Caswell (9A)^(b)	X		
Randolph (19B)		X	
Rowan (19C)	X		
Wake (10)			X
TOTAL	8	2	2

^a Carteret DTC and Craven DTC were not included in the table since these courts receive no outside funding.

^b The AOC took over the administration of the Person and New Hanover DTCs 2004.

CONCLUSION

Treatment courts in North Carolina are at a point of crisis. Without changes in operation and additional, sustainable funding, over half the courts will cease to exist this summer. Much can be achieved through changes in resource allocation and utilization but the courts cannot adequately meet the needs of the populations they were established to serve without additional funding.

Treatment courts work because they focus the power of each intervention provided through the accountability of the court system. One cannot underestimate the power of a judge, who truly cares about a participant's success, in helping to form that success. Treatment courts have proliferated across the country and across North Carolina because they make sense and because they help make everyone involved in the operation of the court feel good about what they are doing because the success is tangible. Women who have lost parental rights to each of their children at birth or later are finally able to stay in treatment long enough to experience success and discover that they want sobriety and a healthy life, not just because they want their kids back, but because they have finally found respect for themselves. Men who have lost everything – a partner or spouse, children, jobs, a house, their families and friends – can finally earn back their own trust and the trust of those who gave up years before. Teenagers who were lost to their families and in danger of losing their way in life are able to build the skills they need to be healthy and successful again and to earn back the trust of their families and communities.

We are at the point of an “opportunity.” North Carolina has arrived at an incipient moment or crucial point when something will begin or change. The choices made in 2005 will determine what happens and whether this will be an opportunity for positive change or an opportunity lost - for the individuals served by treatment courts and the families and communities that care whether those individuals achieve lasting success.

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APPENDIX A: Drug Treatment Court Legislation

SUBCHAPTER XIV. DRUG TREATMENT COURTS.

ARTICLE 62. North Carolina Drug Treatment Court Act.

(As amended through 2002 Session)

§ 7A-790. Short title.

This Article shall be known and may be cited as the "North Carolina Drug Treatment Court Act of 1995".

§ 7A-791. Purpose.

The General Assembly recognizes that a critical need exists in this State for judicial programs that will reduce the incidence of alcohol and other drug abuse or dependence and crimes, delinquent acts, and child abuse and neglect committed as a result of alcohol and other drug abuse or dependence, and child abuse and neglect where alcohol and other drug abuse or dependence are significant factors in the child abuse and neglect. It is the intent of the General Assembly by this Article to create a program to facilitate the creation of local drug treatment court programs.

§ 7A-792. Goals.

The goals of the drug treatment court programs funded under this Article include the following:

- (1) To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;
- (2) To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;
- (3) To reduce the alcohol-related and other drug-related court workload;
- (4) To increase the personal, familial, and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both; and
- (5) To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.

§ 7A-793. Establishment of Program.

The North Carolina Drug Treatment Court Program is established in the Administrative Office of the Courts to facilitate the creation and funding of local drug treatment court programs. The Director of the Administrative Office of the Courts shall provide any necessary staff for planning, organizing, and administering the program. Local drug treatment court programs funded pursuant to this Article shall be operated consistently with the guidelines adopted pursuant to G.S. 7A-795. Local drug treatment court programs established and funded pursuant to this Article may consist of adult drug treatment court programs, juvenile drug treatment court programs, family drug treatment court programs, or any combination of these programs.

§ 7A-794. Fund administration.

The Drug Treatment Court Program Fund is created in the Administrative Office of the Courts and is administered by the Director of the Administrative Office of the Courts in consultation

with the State Drug Treatment Court Advisory Committee. The Director of the Administrative Office of the Courts shall award grants from this Fund and implement local drug treatment court programs. Grants shall be awarded based upon the general guidelines set forth by the Director of the Administrative Office of the Courts and the State Drug Treatment Court Advisory Committee.

§ 7A-795. State Drug Treatment Court Advisory Committee.

The State Drug Treatment Court Advisory Committee is established to develop and recommend to the Director of the Administrative Office of the Courts guidelines for the drug treatment court program and to monitor local programs wherever they are implemented. The Committee shall be chaired by the Director or the Director's designee and shall consist of not less than seven members appointed by the Director and broadly representative of the courts, law enforcement, corrections, juvenile justice, child protective services, and substance abuse treatment communities. In developing guidelines, the Advisory Committee shall consider the Substance Abuse and the Courts Action Plan and other recommendations of the Substance Abuse and the Courts State Task Force.

§ 7A-796. Local drug treatment court management committee.

Each judicial district choosing to establish a drug treatment court shall form a local drug treatment court management committee, which shall be comprised to assure representation appropriate to the type or types of drug treatment court operations to be conducted in the district and shall consist of persons appointed by the senior resident superior court judge with the concurrence of the chief district court judge and the district attorney for that district, chosen from the following list:

- (1) A judge of the superior court;
- (2) A judge of the district court;
- (3) A district attorney or assistant district attorney;
- (4) A public defender or assistant public defender in judicial districts served by a public defender;
- (5) An attorney representing a county department of social services within the district;
- (6) A representative of the guardian ad litem;
- (7) A member of the private criminal defense bar;
- (8) A member of the private bar who represents respondents in department of social services juvenile matters;
- (9) A clerk of superior court;
- (10) The trial court administrator in judicial districts served by a trial court administrator;
- (11) The director or member of the child welfare services division of a county department of social services within the district;
- (12) The chief juvenile court counselor for the district;
- (13) A probation officer;
- (14) A local law enforcement officer;
- (15) A representative of the local school administrative unit;
- (16) A representative of the local community college;
- (17) A representative of the treatment providers;
- (18) A representative of the are mental health program;
- (19) The local program director provided for in G.S. 7A-798; and
- (20) Any other persons selected by the local management committee.

The local drug treatment court management committee shall develop local guidelines and procedures, not inconsistent with the State guidelines, that are necessary for the operation and evaluation of the local drug treatment court.

§ 7A-797. Eligible population; drug treatment court procedures.

The Director of the Administrative Office of the Courts, in conjunction with the State Drug Treatment Court Advisory Committee, shall develop criteria for eligibility and other procedural and substantive guidelines for drug treatment court operation.

§ 7A-798. Drug treatment court grant application; local program director.

(a) Applications for funding to develop or implement local drug treatment court programs shall be submitted to the Director of the Administrative Office of the Courts, in such form and with such information as the Director may require consistent with the provisions of this Article. The Director shall award and administer grants in accordance with any laws made for that purpose, including appropriations acts and provisions in appropriations acts, and may adopt rules for the implementation, operation, and monitoring of grant-funded programs.

(b) Grant applications shall specify a local program administrator who shall be responsible for the local program. Grant funds may be used to fund a full-time or part-time local program director position and other necessary staff. The staff may be employees of the grant recipient, employees of the court, or grant-established positions under the senior resident superior court judge or chief district court judge.

§ 7A-799. Treatment not guaranteed

Nothing contained in this Article shall confer a right or an expectation of a right to treatment for a defendant or offender within the criminal or juvenile justice system or a respondent in a juvenile petition for abuse, neglect, or both.

§ 7A-800. Payment of costs of treatment program.

Each defendant, offender, or respondent in a juvenile petition for abuse, neglect, or both, who receives treatment under a local drug treatment court program shall contribute to the cost of the alcohol and other drug abuse or dependency treatment received in the drug treatment court program, based upon guidelines developed by the local drug treatment court management committee.

§ 7A-801. Plan for evaluation

The Administrative Office of the Courts shall develop a statewide model and conduct ongoing evaluations of all local drug treatment court programs. A report of these evaluations shall be submitted to the General Assembly by March 1 of each year. Each local drug treatment court program shall submit evaluation reports to the Administrative Office of the Courts as requested.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

SESSION LAW 2003-284

HOUSE BILL 397

DRUG TREATMENT COURT PROGRAM

SECTION 13.4.(a) It is the intent of the General Assembly that, allowing for established local differences in implementation, State Drug Treatment Court funds not be used to fund case manager positions when the services provided by those positions can be reasonably provided by the Treatment Alternatives to Street Crime (TASC) program in the Department of Health and Human Services or by other existing resources. The Drug Treatment Court Program shall identify areas of potential cost savings in the local programs that would result from reducing the number of case manager positions. The Program shall also identify areas in which federal funding might absorb administrative costs.

The Drug Treatment Court Program shall report by February 1, 2004, to the Chairs of the Senate and House of Representatives Appropriations Committees and the Chairs of the Senate and House of Representatives Appropriations Subcommittees on Justice and Public Safety on the savings identified. The report shall include a transition plan for sustaining any local program that is currently receiving federal grant funding.

SECTION 13.4.(b) Prior to the establishment of any new local drug treatment court programs, the local drug treatment court management committee shall consult with the TASC program as to the availability of case management services in that community.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

SESSION LAW 2004-128

SENATE BILL 577

AN ACT TO RAISE THE JURISDICTIONAL AMOUNT FOR SMALL CLAIMS ACTIONS TO FIVE THOUSAND DOLLARS, TO CLARIFY JURISDICTION FOR REVOCATION OF PROBATION WHEN PLEAS WERE ENTERED IN DISTRICT COURT, TO DEFINE DRUG TREATMENT COURT AS AN INTERMEDIATE PUNISHMENT,

SECTION 3. G.S. 15A-1340.11 reads as rewritten:

"§ 15A-1340.11. Definitions.

The following definitions apply in this Article:

- (3a) Drug treatment court program. – Program to which offenders are required, as a condition of probation, to comply with the rules adopted for the program as provided for in Article 62 of Chapter 7A of the General Statutes and to report on a regular basis for a specified time to participate in:
- a. Court supervision.
 - b. Drug screening or testing.
 - c. Drug or alcohol treatment programs.

Drug Treatment Court

1. Sustain Drug Treatment Courts

The legislature appropriated funds to maintain operations of these three drug treatment court programs:

- 1) Durham County -- \$67,200 for Family Drug Court*
- 2) Mecklenburg County -- \$162,000 for Youth Drug Court*
- 3) Randolph County -- \$50,000 for Adult Drug Treatment Court*

Appropriation \$279,200

PLAN TO CONTINUE DRUG COURT SERVICES

SECTION 14.2B. The Administrative Office of the Courts shall develop a plan to continue providing drug treatment court services in districts currently offering those services through time-limited non-State funding. This plan shall include a long-range plan for provision of drug treatment court services in any district where feasible and needed. The Administrative Office of the Courts shall report on this plan to the Chairs of the House of Representatives and Senate Appropriations Subcommittees on Justice and Public Safety by March 1, 2005.

MENTAL HEALTH TREATMENT COURTS

SECTION 10.27.(a) The Administrative Office of the Courts shall establish pilot programs in judicial districts 15B, 26, and 28 that add a mental health treatment component to the existing drug treatment courts in those districts, thereby expanding those courts into therapeutic court programs aimed at providing treatment to repeat adult offenders with needs for either mental health or substance abuse services. The purpose of the mental health treatment component of the pilot programs is to facilitate cooperation between the State mental health system, mental health service providers, and the judicial system in order for the State mental health system to provide repeat adult offenders that need mental health services with treatment and other mental health services aimed at improving their ability to function in the community, thereby reducing recidivism and easing the workload of the courts.

In expanding the drug treatment courts in these districts into therapeutic courts under this section, the Administrative Office of the Courts and the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall collaborate on a plan for the structure of the court

process, treatment services provided by area authorities or county programs and other appropriate mental health service providers, and administration of the pilot programs. Treatment services provided under the mental health treatment court component shall use best treatment practices approved by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The collaborative effort required under this section shall also include consideration of the effectiveness and efficiency of the mental health treatment court component to determine feasibility of the statewide expansion of drug treatment courts into therapeutic courts.

SECTION 10.27.(b) The Administrative Office of the Courts shall report to the Chairs of the Senate and House Appropriations Committees, the Chairs of the Senate and House Appropriations Subcommittees on Justice and Public Safety, and the Chairs of the Senate and House Appropriations Subcommittees on Health and Human Services by March 1, 2005, on the implementation of the therapeutic treatment court pilot programs provided for in this section, including an evaluation of the effectiveness of the new mental health treatment component of those programs and recommendations on the feasibility and desirability of expanding the existing drug treatment court program into a statewide therapeutic court program.

SECTION 10.27.(c) There is appropriated from the Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs to the Judicial Department the sum of thirty-six thousand one hundred sixty-one dollars (\$36,161) for the 2004-2005 fiscal year. These funds shall be used for administrative costs associated with expanding the Drug Treatment Court to serve adult repeat offenders who are within the targeted population for mental health, developmental disabilities, and substance abuse services as defined in G.S. 122C-3(38).

SECTION 10.27.(d) There is appropriated from the Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of one hundred thirty-seven thousand nine hundred forty dollars (\$137,940) for the 2004-2005 fiscal year. These funds shall be used for mental health treatment services to repeat adult offenders within the targeted population for mental health, developmental disabilities, and substance abuse services as defined in G.S. 122C-3(38).

SECTION 10.27.(e) Of the funds appropriated in this act to the Judicial Department, the sum of twenty thousand dollars (\$20,000) for the 2004-2005 fiscal year shall be used to obtain an independent evaluation of the effectiveness of the pilot programs authorized under this section.

SECTION 10.27.(f) A county may appropriate county or other non-State funds to expand mental health services to adult repeat offenders served by the pilot programs for mental health treatment established under subsection (a) of this section. No State funds appropriated for this section shall be used to provide mental health services to nontargeted population adult repeat offenders.